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of Transportation

**National Highway
Traffic Safety
Administration**

400 Seventh Street, S.W.
Washington, D.C. 20590

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*** *** ***



AUTO SAFETY HOTLINE
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NATIONAL CAPITOL SYSTEMS, INC.

AIRBAG INVESTIGATION

CASE NO. 92-04

[REDACTED], COLORADO

TECHNICAL REPORT

[REDACTED] INC.

AIRBAG INVESTIGATION

CASE NO. 92-04

[REDACTED], COLORADO

Contract No. DTHN 22-87-C-17169

Prepared for:

U.S. Department of Transportation
National Highway Traffic Safety Administration
Washington, D.C. 20590

TECHNICAL REPORT STANDARD TITLE PAGE

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15. Supplementary Notes 1992 Chevrolet Corsica (case vehicle), equipped with a driver's side airbag supplemental restraint system, 1992 Pontiac Grand Am, and 1984 Nissan 300ZX.			
16. Abstract See Summary (pp. 1)			
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NCSI In-Depth Accident Investigation Team
Airbag Accident Investigation
[REDACTED] Colorado
Case No. 92-04

SUMMARY

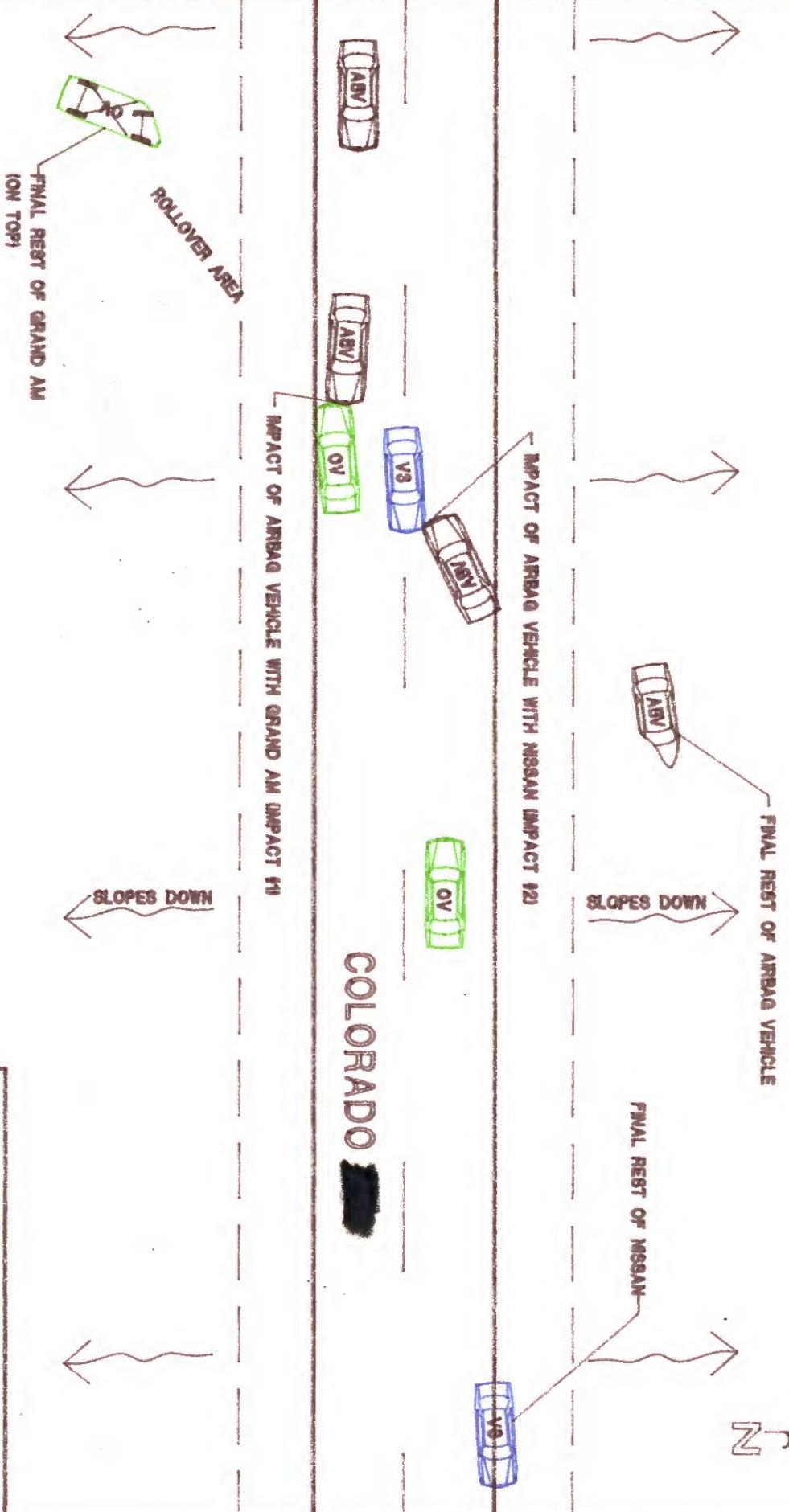
This is an in-depth study of an accident involving an airbag equipped 1992 Chevrolet Corsica, a 1992 Pontiac Grand Am, and a 1984 Nissan 300ZX. The accident occurred on [REDACTED] 1992 at [REDACTED] hours on [REDACTED] State Route [REDACTED], approximately [REDACTED] miles east of [REDACTED]. In-depth scene and vehicle inspections were conducted on [REDACTED] 1992.

According to the police accident report, the 1992 Grand Am was traveling west and the Corsica and 300ZX were traveling east. The Grand Am crossed over into the eastbound travel lane into the path of the oncoming Corsica. The front-right surface of the Grand Am impacted the front-right surface of the Corsica in a head-on impact in the eastbound travel lane. After the initial impact with the Grand Am, the Corsica rotated clockwise into the westbound lane and the front-left surface of the Corsica was impacted by the front-left surface of the 300ZX. Following the second impact, the Corsica departed the roadway on the north edge and came to rest north of the road heading east. After impacting the Corsica, the Grand Am rotated clockwise, departed the roadway on the south edge, rolled two quarter turns and came to rest on its top heading northeast. The 300ZX came to rest at the north edge of the north shoulder heading east.

In the vicinity of the accident, the State Route [REDACTED] is a straight, level, two-lane, undivided asphalt roadway with a posted speed limit of 55 miles per hour.

The driver and front-right occupant of the Grand Am, as well as the front-right occupant of the Corsica were fatally injured. The driver of the airbag equipped Corsica suffered two foot fractures and other minor injuries, which were not life-threatening. The Driver of the 300ZX was not injured. All occupants of the vehicles in the accident were restrained by three-point lap and shoulder belt systems, and only the driver's position of the Corsica was equipped with an airbag.

A CDC of 12 FDEW-6 was assigned to the damage to the Corsica and the Grand Am. Maximum residual crush to the front of the Corsica was approximately 61 inches and about the same to the front of the Grand Am. Damaged components were too numerous to list in this summary.



NHTSA SOUTH CENTRAL STATES INDEPTH ACCIDENT INVESTIGATION TEAM	CASE NUMBER 92-04
ACCIDENT DATE: 10/10/1992	LOCATION: STATE ROUTE 14, COLORADO

NCSI IN-DEPTH ACCIDENT INVESTIGATION
AIRBAG ACCIDENT INVESTIGATION

FLEET - Private Owner
LOCATION - ██████████ Colorado
CASE NO. - 92-04

IDENTIFICATION

Location/Street: State Route ██████████
Area/Type: Rural
Accident Date/Time: ██████████ 1992 at ██████████ hours
Notification Date: ██████████ 1992
Investigating Police Agency: ██████████ State Patrol
Accident Type: Car / Car - Head-on
Air Bag Vehicle
Occupant Injury Severity: Moderate (AIS-2)

AMBIENCE

Viewing Conditions: Daylight
Weather: Clear
Precipitation: None
Road Surface: Dry

ROADWAY

Location: ██████████
Type: Arterial
Width: 24.25'
Number of Lanes: Two
Median: None
Surface Material: Asphaltic aggregate
Road Edge: Paved shoulders
Traffic Density: Moderate

ROADWAY, CONTINUED

Coefficient Of Friction: .65 (estimated)
Vertical Alignment: Level (at impact)
Horizontal Alignment: Straight

TRAFFIC CONTROLS

Signals/Signs: None
Speed Limit: 55 miles per hour

VEHICLES

	Airbag Vehicle	Vehicle #2
Year:	1992	1992
Make:	Chevrolet	Pontiac
Model:	Corsica	Grand Am
Body Style:	Four-door sedan	Four-door sedan
V.I.N.:	1G1LT53T2██████████	1G2NE54N0N██████████
Exterior Color:	White	Black
Odometer Reading:	4045.5	Unknown
Securiflex Windshield:	Not equipped	
Windshield Damage:	Yes	
Engine:	Unknown	
Transmission:	Automatic w/ floor mounted selector	
Steering:	Power-assisted	
Brake System:	Power-assisted	
Interior Padding:	Instrument panel, door panels, arm- rests, head re- straints, sunvisors, upper "A" pillars, steering wheel.	

VEHICLES, CONTINUED

Driver Active
Restraint System
Availability: Active three-point
lap and shoulder belt

Driver Active
Restraint System
Usage: Lap and shoulder belt

Usage Source: PAR and vehicle
inspection

Passive Restraint
System: Driver airbag

VEHICLE DAMAGE

	<u>Airbag Vehicle</u>	<u>Vehicle #2</u>
Object Struck:	Vehicle #2	Airbag vehicle
Event Number:	One	One
Damage Location:	Front	Front
CDC:	12-FDEW-6	12-FDEW-6
Tow Status:	Towed	Towed
Exterior Damage:	The frontal surface of the airbag vehicle struck the frontal surface of the Grand Am in a head-on impact. Direct damage and direct plus induced damage extended a length of 52.0 inches across the frontal plane of the Corsica. Maximum residual crush to the frontal surface was approximately 61 inches, located at C6. Crush measurements taken across the frontal plane were: C1 = 15.0 inches C2 = 21.2 inches C3 = 30.0 inches C4 = 37.1 inches C5 = 44.2 inches C6 = 61.2 inches	The frontal surface of the Grand Am struck the frontal surface of the Corsica in a head-on impact. The vehicle was not inspected by the author of this report. Damage was estimated from police photographs of the vehicle. Direct and direct plus induced damage extended a length of approximately 60 inches across the frontal plane of the vehicle. Maximum residual crush to the frontal surface was estimated to be approximately 65 inches, located at C6.

VEHICLE DAMAGE, CONTINUED

Damaged Components:	Damaged components included all frontal components, grille, hood, windshield, doors, roof, etc. See photos.	Damaged components included all frontal components, hood, grille, windshield, roof, engine, etc. See photos.
Interior Damage:	The steering assembly was broken at the point where the column enters the instrument panel. The most severe intrusions were: left instrument panel (7.75"), center instrument panel (12.0"), right instrument panel (22.0"), right side A pillar (26.5"), right front toe pan (22.0"), right front windshield (14.75"), right front windshield header (11.0"), and right front side panel (10.0").	The Grand Am was not inspected, but from police photographs, the intrusions appeared to be similar to the Corsica.

COLLISION SEQUENCE

Pre-crash:	At approximately [REDACTED] hours on [REDACTED] 1992, the case vehicle, a 1992 Chevrolet Corsica equipped with a driver airbag supplemental restraint system, was traveling east on state route [REDACTED] in rural [REDACTED] Colorado. A 1992 Pontiac Grand Am was traveling west on Colorado [REDACTED]. For unknown reasons, the Grand Am drifted across the center line and into the westbound travel lane.
Crash:	The frontal surface of the Corsica struck the frontal surface of the Grand Am in a nearly full-frontal head-on impact.
Post-crash:	After the impact with the Grand Am, the Corsica rotated clockwise and traveled into the westbound travel lane where the front-left corner of the Corsica was struck by the front-left corner of a Nissan 300 ZX which was traveling east. Following the second impact, the Corsica departed the road and came to rest approximately 10 feet north of the road headed east.

Post-crash,
continued

After striking the Corsica, the Grand Am rotated clockwise, overturned, and departed the road on the south side. It came to rest south of the road on its top headed northeast. The 300 ZX Came to rest on the north shoulder headed east.

Police
Activities:

The [REDACTED] Patrol was notified of the accident at [REDACTED] hours and a Patrol unit arrived on the scene at [REDACTED] hours.

Rescue
Activities:

The front-right occupant of the Corsica, and the driver and front-right occupant of the Grand Am were pronounced dead at the scene. The driver of the Corsica was transported by ambulance to a local hospital. The driver of the 300 ZX was not injured. The Corsica and Grand Am were towed from the accident site and the 300ZX was driven away following the police investigation of the accident.

VEHICLE VELOCITY ESTIMATES

A CRASH 3 computer reconstruction of the accident yielded a speed change (Delta-V) of 43 miles per hour for the Corsica, with a longitudinal speed change of -43 miles per hour and a lateral speed change of 4 miles per hour. Delta-V values for the Grand Am were 41 miles per hour for total Delta-V with -41 miles per hour for the longitudinal component and -4 miles per hour for the lateral component. These values should be considered as estimates because the C values for the Grand Am were estimated from police photographs.

RELEVANT SAFETY ISSUES

Applicable Standards: FMVSS 208:

Occupant Crash Protection: The 1992 Chevrolet Corsica was equipped with a factory installed driver supplemental airbag restraint system. The driver airbag was deployed during the crash, reducing the severity of the injuries to the driver.

HUMAN FACTORS/OCCUPANT DATA/AIRBAG VEHICLE

DRIVER DATA

Age: 52
Sex: Female
Height: 67 inches
Weight: 130 lbs.
Occupation: Housewife
Active Restraint System Usage: Three-point lap and shoulder belt
Usage Source: Police Accident Report
Vision: Apparently normal
Vehicle Familiarity: This trip only
Route Familiarity: Unknown
Manner of Leaving Scene: Ambulance
Type of Medical Treatment: Unknown
Physical State: Apparently normal
Psychological State: Apparently normal

DRIVER INJURIES

<u>Injury Description</u>	<u>Severity</u>	<u>Source</u>
Fractures of the heels of both feet	Moderate (AIS-2)	Floor

Injury Coding

O.I.C. Body Region	Aspect	Lesion	System/ Organ	A.I.S. Severity	Injury Source	Direct/ Indirect	Injury
1st	Q	R	F	S	2	56	1
2nd	Q	L	F	S	2	56	1

DRIVER KINEMATICS

The driver was apparently seated in a normal position and was fully restrained by the active three-point lap and shoulder belt system of the Corsica. In response to the frontal impact force she moved forward relative to the vehicle interior, striking the deployed airbag. Her feet impacted the floor, fracturing both feet.

HUMAN FACTORS / OCCUPANT DATA / AIRBAG VEHICLE / OCCUPANT #2

OCCUPANT DATA

Age: 73

Sex: Male

Height: 73 inches

Weight: 200 lbs.

Occupation: Minister

Active Restraint
System Usage: Three-point lap
and shoulder belt

Usage Source: Police Accident Report
and vehicle inspection

Manner of Leaving Scene: Unknown

Type of Medical Treatment: Dead at scene

OCCUPANT KINEMATICS

The front-right occupant of the Corsica was restrained by the active three-point lap and shoulder belt system of the Corsica. Upon impact with the Grand Am, he moved forward relative to the vehicle interior, striking the right instrument panel which was intruded approximately 22 inches. He also struck the center dash, floor, right side door, and right side door hardware. The force of the intruding right front components moved the front-right seat rearward until the back of the front seat was resting against the frontal surface of the rear-right seat cushion. This occupant suffered fatal injuries in the crash.

HUMAN FACTORS / OCCUPANT DATA / VEHICLE #2

DRIVER DATA

Age: 51
Sex: Female
Height: Unknown
Weight: Unknown
Active Restraint System Usage: Three-point lap and shoulder belt
Usage Source: Police Accident Report
Manner of Leaving Scene: Unknown
Type of Medical Treatment: Dead at scene

DRIVER INJURIES

The driver of the Grand Am suffered unknown fatal injuries in the crash.

HUMAN FACTORS / OCCUPANT DATA / VEHICLE #2 / OCCUPANT #2

OCCUPANT DATA

Age: 57
Sex: Male
Height: Unknown
Weight: Unknown
Active Restraint System Usage: Three-point lap and shoulder belt
Usage Source: Police Accident Report
Manner of Leaving Scene: Unknown
Type of Medical Treatment: Dead at scene

OCCUPANT INJURIES

The front-right occupant of the Grand Am suffered unknown fatal injuries in the crash.

HUMAN FACTORS / OCCUPANT DATA / VEHICLE #3

DRIVER DATA

Age: 57
Sex: Male
Height: Unknown
Weight: Unknown
Active Restraint System Usage: Three-point lap and shoulder belt
Usage Source: Police Accident Report
Manner of Leaving Scene: Drove vehicle
Type of Medical Treatment: Not injured

LIST OF ATTACHMENTS

Appendix A: Police Accident Report
Appendix B: NASS Data Collection Forms
Appendix C: Airbag Supplement Form
Appendix D: Newspaper Article
Appendix E: CRASH 3 Output

OTHER SOURCES OF DATA

[REDACTED]
Interview with friend of airbag vehicle occupants

SELECTED PRINTS
NCSI Case No. 92-04

1. Pre-impact travel path of the 1992 Chevrolet Corsica (airbag equipped vehicle) east on [REDACTED] Route [REDACTED]
2. Area of impact with the 1992 Pontiac Grand Am and 1984 Nissan 300 ZX.
- 3-5. Path of Corsica from impacts to final rest.
6. Opposite view from beyond impacts.
7. Pre-impact travel path of the 1992 Pontiac Grand Am, west on [REDACTED].
8. Path of Grand Am across the centerline into the eastbound travel lane.
9. Grand Am at impact with the Corsica.
- 10-11. Path of Grand Am from impact with the Corsica to rollover and final rest.
- 12-13. Opposite views from beyond impacts.
14. Path of the Nissan 300ZX into impact with the Corsica.
15. 300ZX at impact with the Corsica.
16. Path of 300ZX from impact to final rest.
- 17-19. Frontal views of the airbag equipped 1992 Chevrolet Corsica showing crush from impact with the Grand Am.
20. Front-right overall view of the Corsica.
21. Right side view showing rearward displacement of the A pillar.
22. Rear-right overall view.
23. Rear-left overall view.
24. Front-left overall view.
- 25-26. Close-up views of occupant contacts to the deployed driver airbag. Lipstick and make-up appear near the center of the airbag. Blood on the airbag may be from the front-right occupant and probably occurred after the crash.
27. Driver's door of the Corsica showing occupant contact to the door surface.
28. View of the lower left front instrumental panel and below showing possible occupant contacts to the dash and floor.

- 29-31. Views of the center and right instrument panel and below showing occupant contacts to the dash, emergency brake handle, and floor.
32. View of right front occupant space showing occupant contacts to the door, A pillar, armrest and B pillar.

SLIDE INDEX
NCSI Case 92-04

SCENE SLIDES

- 1-2. Pre-impact travel path of the 1992 Chevrolet Corsica (equipped with a driver airbag) east [REDACTED] Route [REDACTED] in rural [REDACTED], Colorado.
3. Area of impact (in the eastbound travel lane) of the frontal surface of the Corsica with the frontal surface of a 1992 Pontiac Grand Am.
4. Path of the Corsica from impact with the Grand Am to impact with a 1984 Nissan 300ZX.
5. Area of impact with the Nissan.
- 6-7. Path of the Corsica from impacts to final rest and final rest area.
- 8-9. Opposite views from beyond impact and final rest.
10. Pre-impact travel of the 1992 Pontiac Grand Am west on [REDACTED]
11. Path of the Grand Am across the centerline and into the westbound travel lane.
12. Area of impact of the Grand Am with the Corsica.
- 13-14. Path of Grand Am from impact with the Corsica to rollover and final rest.
15. Opposite view from beyond impact with the Corsica.
16. Opposite view from beyond rollover and final rest.
17. Path of the Nissan east on [REDACTED] into impact. Dark skids at scene are from the Nissan.
18. Area of impact of the Nissan with the Corsica.
19. Path of the Nissan after impact.

VEHICLE SLIDES

- 20-23. Frontal views of the 1992 Chevrolet Corsica, equipped with a driver airbag showing damage from impact with the Grand Am (most of entire front), and 300ZX (front-left corner).
24. Front-right overall view.
- 25-29. Right side views showing rearward deformation of frontal and right side components.
30. Rear-right overall view.
31. Rear-left overall view.
32. Left side overall view.
33. Front-left overall view.
34. View of damage to windshield.
- 35-36. Views of occupant contacts to driver's door.
37. Overall view looking through driver's door.
- 38-40. Views of steering assembly showing damage to steering column.
- 41-42. Views of occupant contacts to left dash and floor.
- 43-53. Views of front-center and front-right seat positions showing occupant contacts to center and right dash, floor, door and door armrest, side panel, and upper right A pillar.
- 54-55. Views of occupant contacts to deployed airbag. Lipstick marks are seen near the center of the airbag and blood is present on the right side of the airbag.
56. View of driver's three-point lap and shoulder belt restraint system showing stretching of the belt webbing.
57. View of the front-right occupant's three-point lap and shoulder belt system which was cut by rescue personnel.

























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CA VD















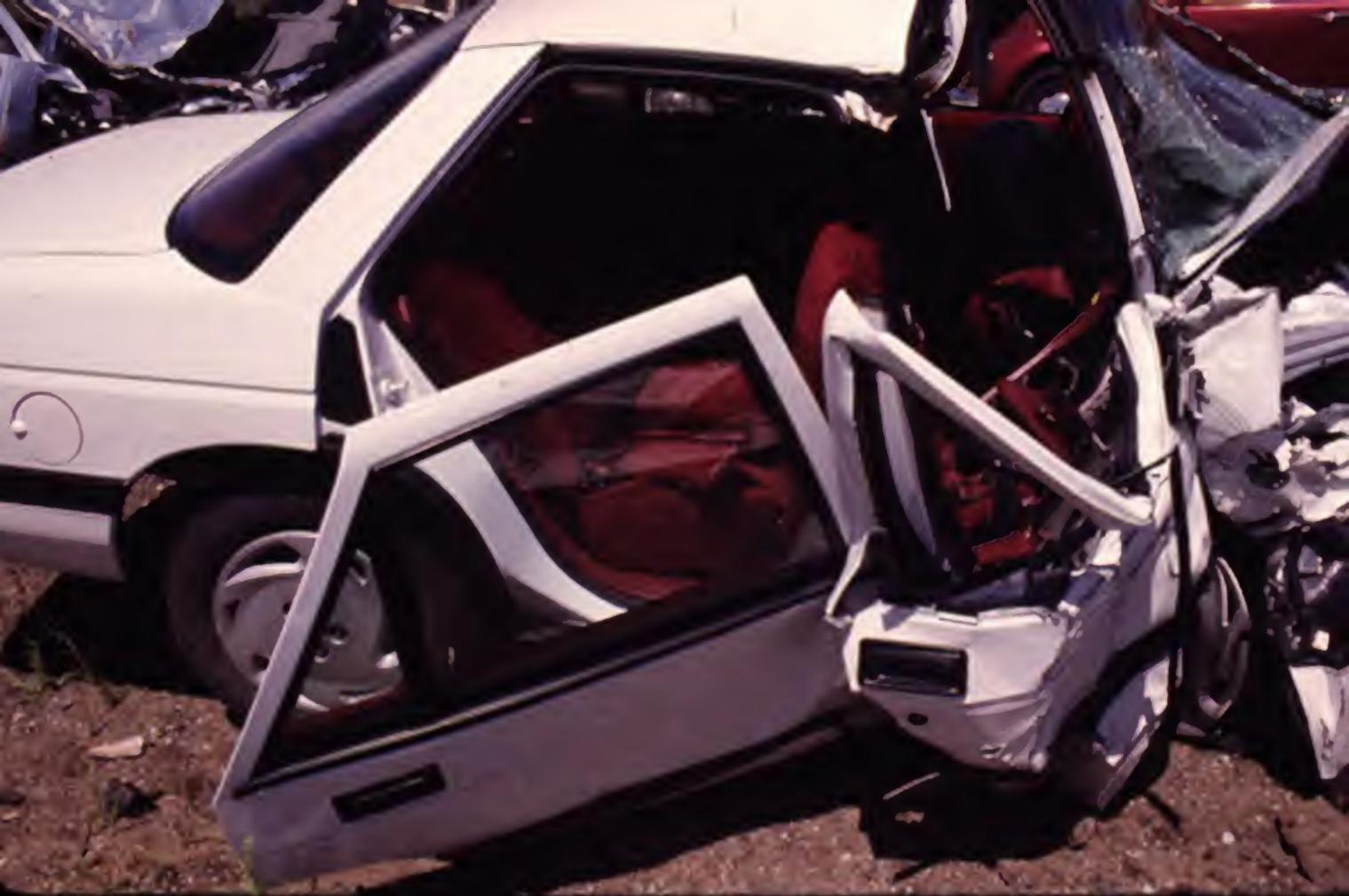
































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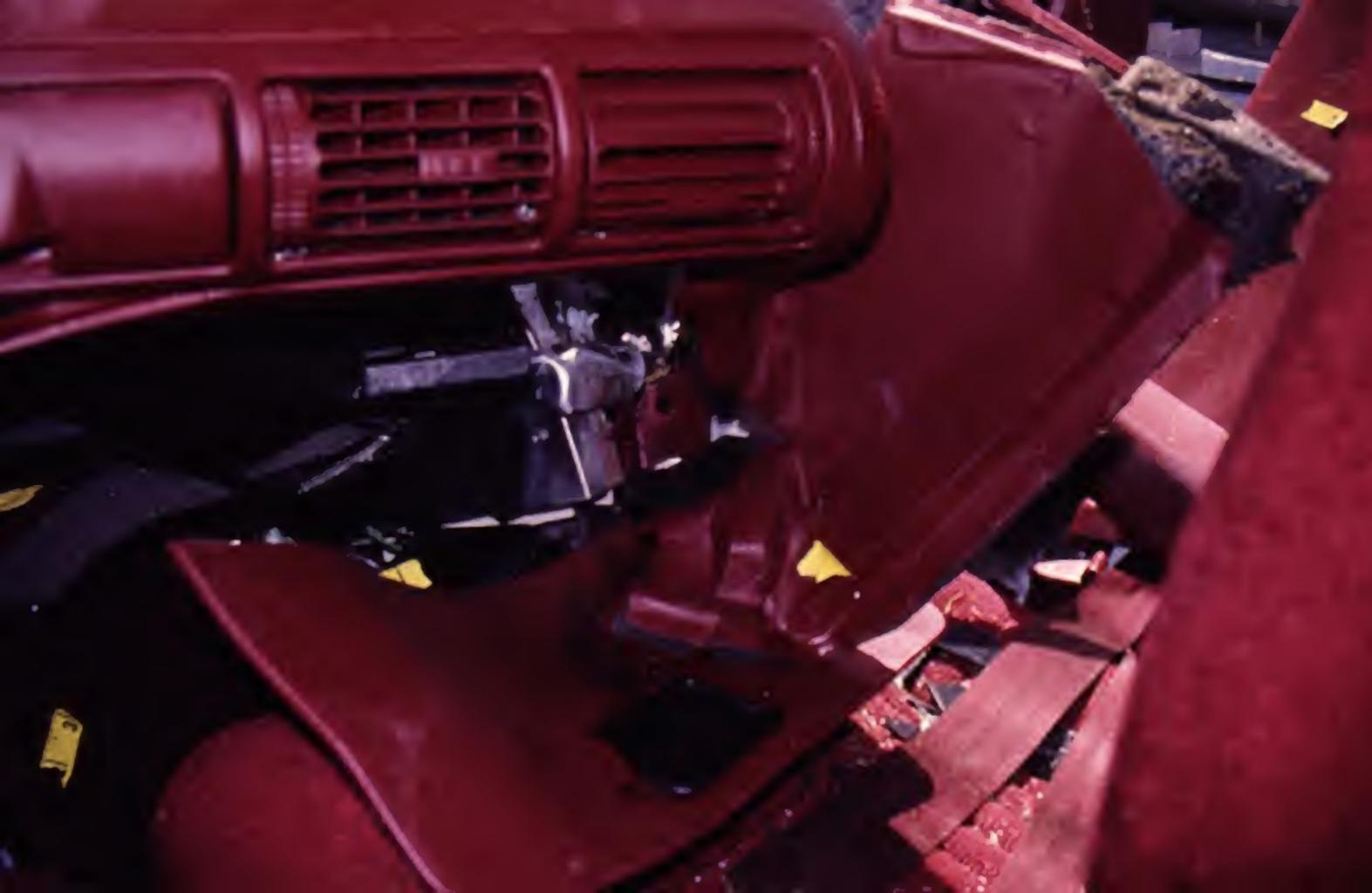
























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POLICE PHOTOGRAPH INDEX
NCSI 92-04

1. Photo of the accident site looking along the pre-impact travel path of the airbag equipped 1992 Chevrolet Corsica and 1984 Nissan 300ZX, east on [REDACTED] in rural [REDACTED]
2. Area of impact of the Corsica with the 1992 Pontiac Grand Am and the 1984 Nissan 300ZX, looking east. The photo shows the Corsica at final rest north of the road.
3. Photo of the area of both Corsica impacts and path of Corsica from impact to final rest.
- 4-5. Photos of the Corsica at final rest.
6. Photo of the accident site looking along the pre-impact travel path of the 1992 Pontiac Grand Am, west on [REDACTED]. This photo also shows the Grand Am at final rest south of the road and the Corsica at final rest north of the road.
7. Area of impact of the Grand Am with the Corsica and rollover and final rest of the Grand Am.
8. Photo of the Grand Am at final rest.
9. Opposite view from beyond final rest of the Grand Am looking back toward impact area. This photo also shows the Corsica at final rest.
10. Opposite view photo from beyond final rest of the 300ZX at the north edge of the road. This photo also shows the Corsica at final rest.
- 11-12. Photo of damage to the Grand Am taken at the police impound yard.









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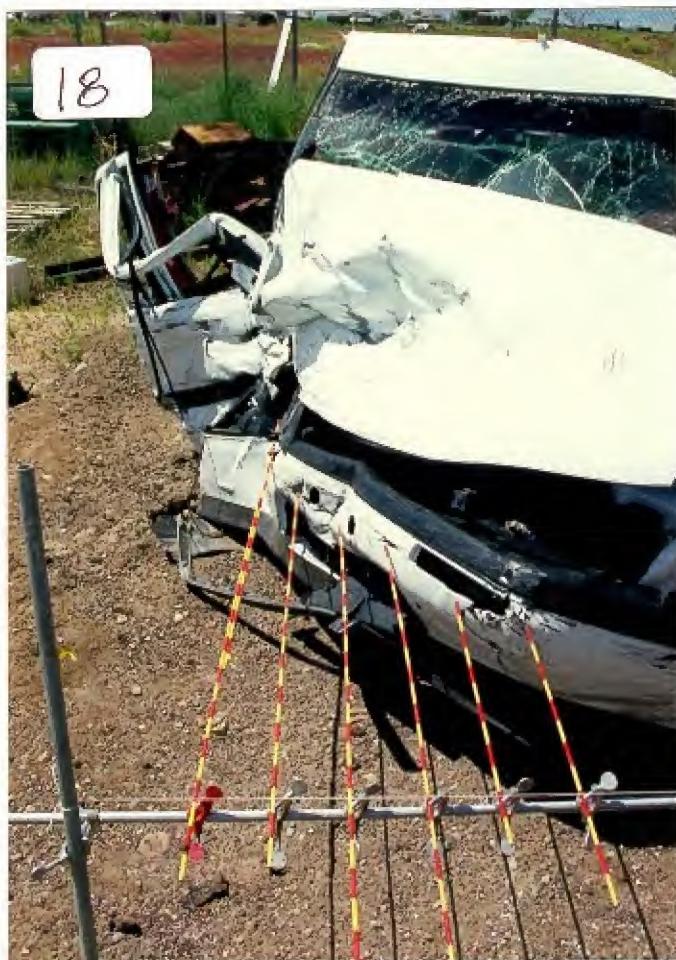
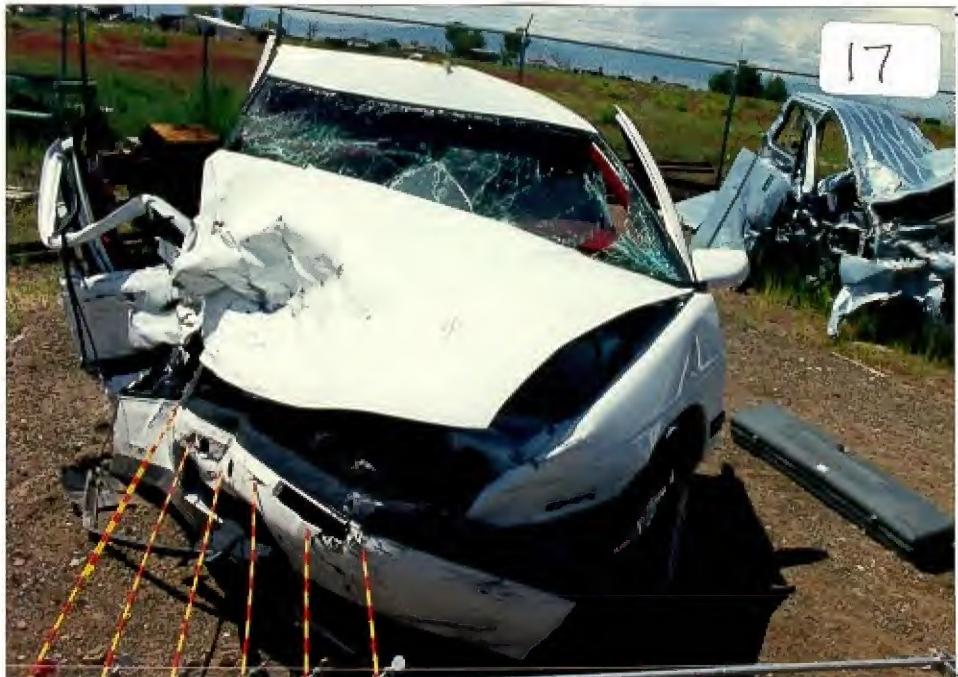


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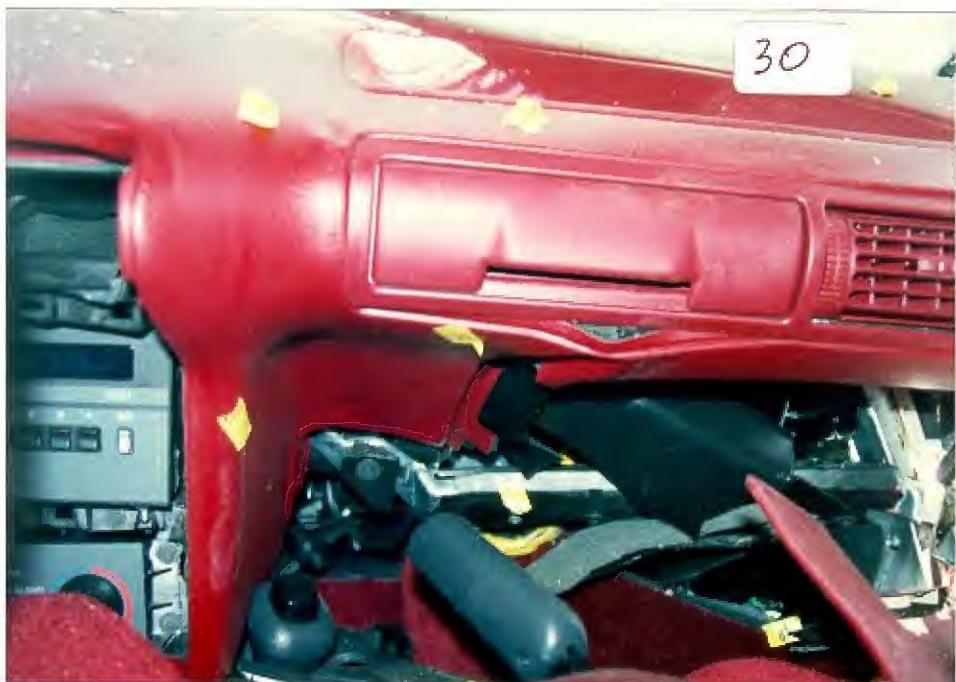


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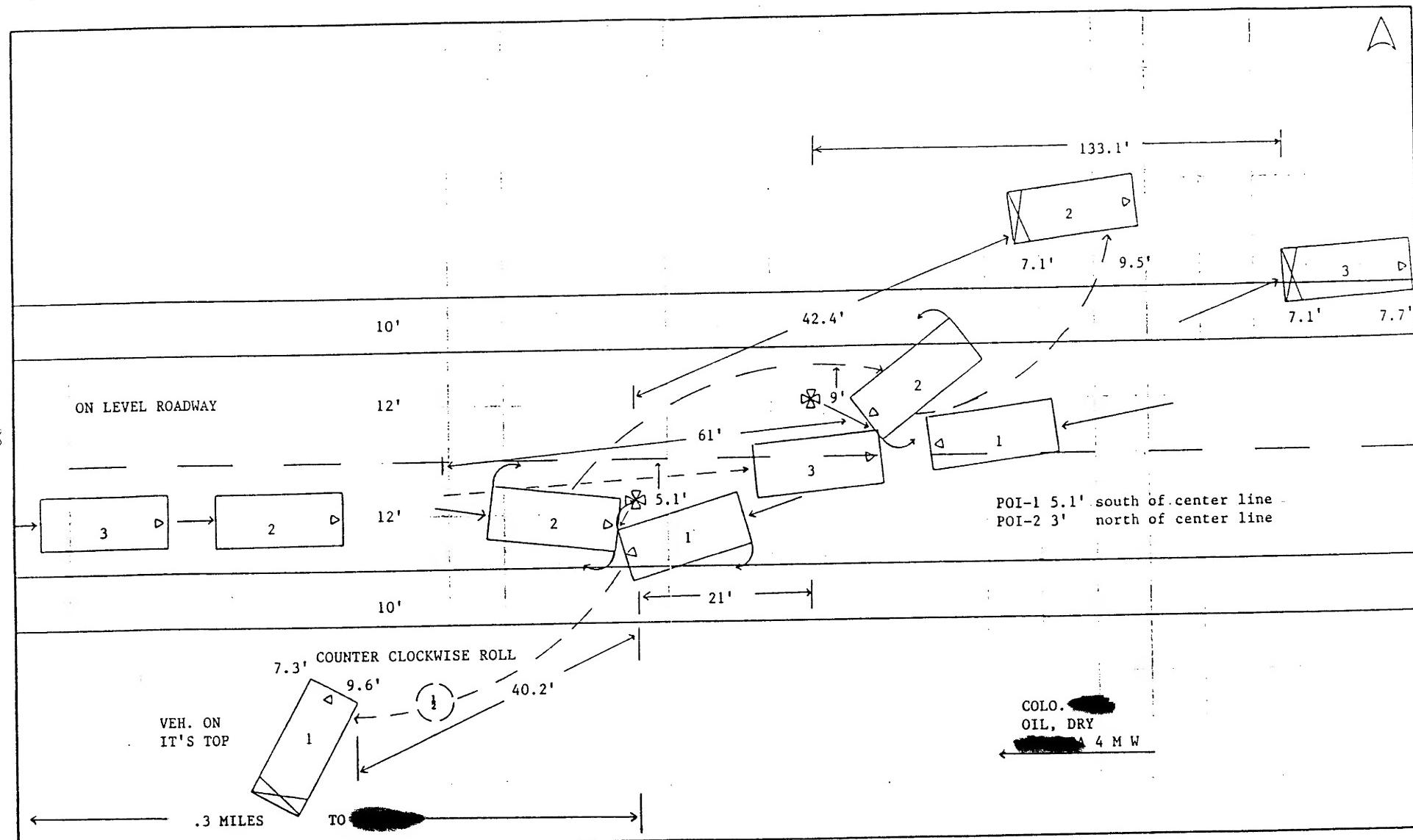


Appendix A
Police Accident Report

DIAGRAM ON REVERSE SIDE

**INVESTIGATOR's
TRAFFIC ACCIDENT REPORT**

BEST AVAILABLE COPY



A.	BY LOCATION		K.	BY VEHICLE TYPE
	1. ON ROADWAY ACCIDENT 2. RAN OFF LEFT SIDE 3. RAN OFF RIGHT SIDE 4. RAN OFF AT INTERSECTION			1. PSGR CAR/PSGR VAN 2. PSGR CAR/PSGR VAN W/TLR 3. PICKUP TRUCK/UTILITY VAN 4. PICKUP TRUCK/UTILITY VAN W/TLR 5. TRUCK, SELF-CONTAINED (GR VEH WT 10,000 LBS OR LESS) 6. TRUCKS OVER 10,000 LBS AND BUSES OVER 15 PERSONS (Complete supplemental form DR447A-Appendix G)
B.	BY FIRST HARMFUL EVENT			7. MOTOR HOME 8. SCHOOL BUS LESS THAN 15 PEOPLE 9. NON-SCHOOL BUS LESS THAN 15 PEOPLE 10. MOTORCYCLE 11. BICYCLE 12. MOTORIZED BICYCLE 13. FARM EQUIPMENT (Complete supplemental form DR447A-Appendix G)
	NON-COLLISION ACCIDENT 1. OVERTURNING ACCIDENT 2. OTHER NON-COLLISION ACCIDENT COLLISION ACCIDENT INVOLVING PEDESTRIAN 3. SCHOOL AGE TO/FROM SCHOOL 4. ALL OTHERS INVOLVING MTR VEH IN TRANSPORT 5. BROADSIDE 6. HEAD-ON 7. REAR-END 8. SIDESWIPE-SAME DIRECTION 9. SIDESWIPE-OPOSITE DIRECTION 10. APPROACH TURN 11. OVERTAKING TURN 12. PARKED MOTOR VEHICLE 13. RAILWAY VEHICLE 14. BICYCLE 15. MOTORIZED BICYCLE INVOLVING ANIMAL 16. DOMESTIC 17. WILD			14. HIT-AND-RUN/UNK VEH (Complete supplemental form DR447A-Appendix G)
C.	BY DAMAGE SEVERITY		L.	15. OTHER (DESCRIBE VEH IN ACC REPORT NARRATIVE)
	1. DISABLING DAMAGE ACCIDENT 2. FUNCTIONAL DAMAGE ACCIDENT 3. OTHER MTR VEH DAMAGE ACCIDENT 4. OTHER PROPERTY DAMAGE ACCIDENT 5. NO DAMAGE ACCIDENT			
D.	BY ROAD DESCRIPTION AT ACCIDENT LOCATION		M.	BY VEHICLE MOVEMENT
	1. AT INTERSECTION 2. AT DRIVEWAY ACCESS 3. INTERSECTION RELATED 4. IN MID-BLOCK (CITY)			1. GOING STRAIGHT 2. SLOWING 3. STOPPED IN TRAFFIC 4. MAKING RIGHT TURN 5. MAKING LEFT TURN 6. MAKING U-TURN 7. PASSING 8. BACKING
E.	BY ROAD CONTOUR			9. ENTER/LEAVING PARKED POSITION 10. STARTING IN TRAFFIC 11. PARKED 12. CHANGING LANES 13. AVOIDING OBJECT IN ROADWAY 14. WEAVING 15. OTHER (SPECIFY IN NARRATIVE)
F.	BY ROAD SURFACE		N.	BY VEHICLE DEFECT
	1. CONCRETE 2. BLACKTOP/BUTUMINCUS 3. BRICK OR BLOCK 4. SLAG, GRAVEL OR STONE			1. NO APPARENT CONTRIBUTING FACTORS 2. BRAKES INOPERATIVE/OUT OF ADJUSTMENT 3. IMPROPER TIRES FOR CONDITIONS 4. SUDDEN TIRE FAILURE 5. WINDOWS OBSCURED 6. INOPERABLE SIGNALLING DEVICES 7. DEFECTIVE HEADLIGHT/S
G.	BY ROAD CONDITION		P.	8. DEFECTIVE TAIL BRAKE LIGHT/S 9. OTHER CONTRIBUTING FACTOR (SPECIFY IN NARRATIVE)
	1. DRY 2. WET 3. MUDDY 4. SNOWY			BY FIRE/HAZARDOUS MATERIALS INVOLVEMENT
H.	BY LIGHTING CONDITION AT ACCIDENT LOCATION			1. NO FIRE/NO HAZ-MAT CARGO 2. NO FIRE/HAZ-MAT CARGO NOT INVOLVED 3. NO FIRE/HAZ-MAT INCIDENT 4. VEHICLE FIRE/NO HAZ-MAT CARGO 5. VEHICLE FIRE/HAZ-MAT CARGO NOT INVOLVED 6. VEHICLE FIRE/HAZ-MAT INCIDENT
J.	BY ADVERSE WEATHER CONDITION		Q.	BY SPEED DATA SPEED LIMIT/EST DRIVING SPEED
	1. NONE 2. RAIN 3. SNOW/SLEET/HAIL			VEH #1 O VEH #2 O
(1) WHICH VEHICLE OCCUPIED		Vehicle # Pedestrian #	R.	MOST APPARENT HUMAN CONTRIBUTING FACTOR (OFFICER OPINION ONLY)
(2) POSITION IN/ON VEHICLE		1-Driver 2/P-Passenger 3-Riding/Hanging On Outside		1. NO APPARENT CONTRIBUTING FACTOR 2. ASLEEP AT THE WHEEL 3. ILLNESS 4. DISTRACTED BY PASSENGER 5. DRIVER INEXPERIENCE 6. DRIVER FATIGUE 7. DRIVER PREOCCUPIED 8. DRIVER UNFAMILIAR WITH AREA 9. DRIVER EMOTIONALLY UPSET
(3) RESTRAINT USED		1-Yes 2-No 3-Child Restraint	DRV #1 R DRV #2 R	DRV #1 R DRV #2 R
(4) OCCUPANT EJECTED		1-Yes 2-No 3-Evacuated	S.	BY PEDESTRIAN ACTION
(5) INJURY SEVERITY		1-No injury 2-Possible Injury 3-Evident, Non-Incapacitating 4-Evident, Incapacitating 5-Fatal	PED #1 S PED #2 S	1. CROSS AGAINST SIGNAL 2. CROSS/ENTER AT INTERSECTION 3. CROSS/ENTER NOT AT INTERSECTION 4. STANDING IN RDWY 5. PLAYING IN RDWY 6. SOLICITING RIDES 7. WALK IN RDWY WITH TRAFFIC 8. WALK IN RDWY AGAINST TRAFFIC
(6) PHYSICAL INJURY		1-Head 2-Chest 3-Abdomen 4-Skeletal	T.	9. ENTER/EXIT VEHICLE 10. PUSH/WORK ON VEHICLE 11. LYING IN RDWY 12. OTHER (SPECIFY IN NARRATIVE)
(7) WITNESSED VICTIM STATUS		1-Conscious 2-Unconscious	DRV/P #1 T DRV/P #2 T	
(8) AMBULANCE TRIP REPORT			U.	BY CRASH HELMET (IF APPLICABLE)
			VEH #1 U VEH #2 U	1. DRIVER-YES/NO PSGR 2. DRIVER-YES/PSGR-YES 3. DRIVER-YES/PSGR-NO 4. DRIVER-NO/NO PSGR 5. DRIVER-NO/PSGR-YES 6. DRIVER-NO/PSGR-NO
			V.	BY EYE PROTECTION (IF APPLICABLE)
			VEH #1 V VEH #2 V	1. DRIVER-YES/NO PSGR 2. DRIVER-YES/PSGR-YES 3. DRIVER-YES/PSGR-NO 4. DRIVER-NO/NO PSGR 5. DRIVER-NO/PSGR-YES 6. DRIVER-NO/PSGR-NO

Appendix B
NASS Data Collection Forms



U.S. Department of Transportation

National Highway Traffic Safety
Administration

PSU No. NC SI

Case Number—Stratum 9 2-04

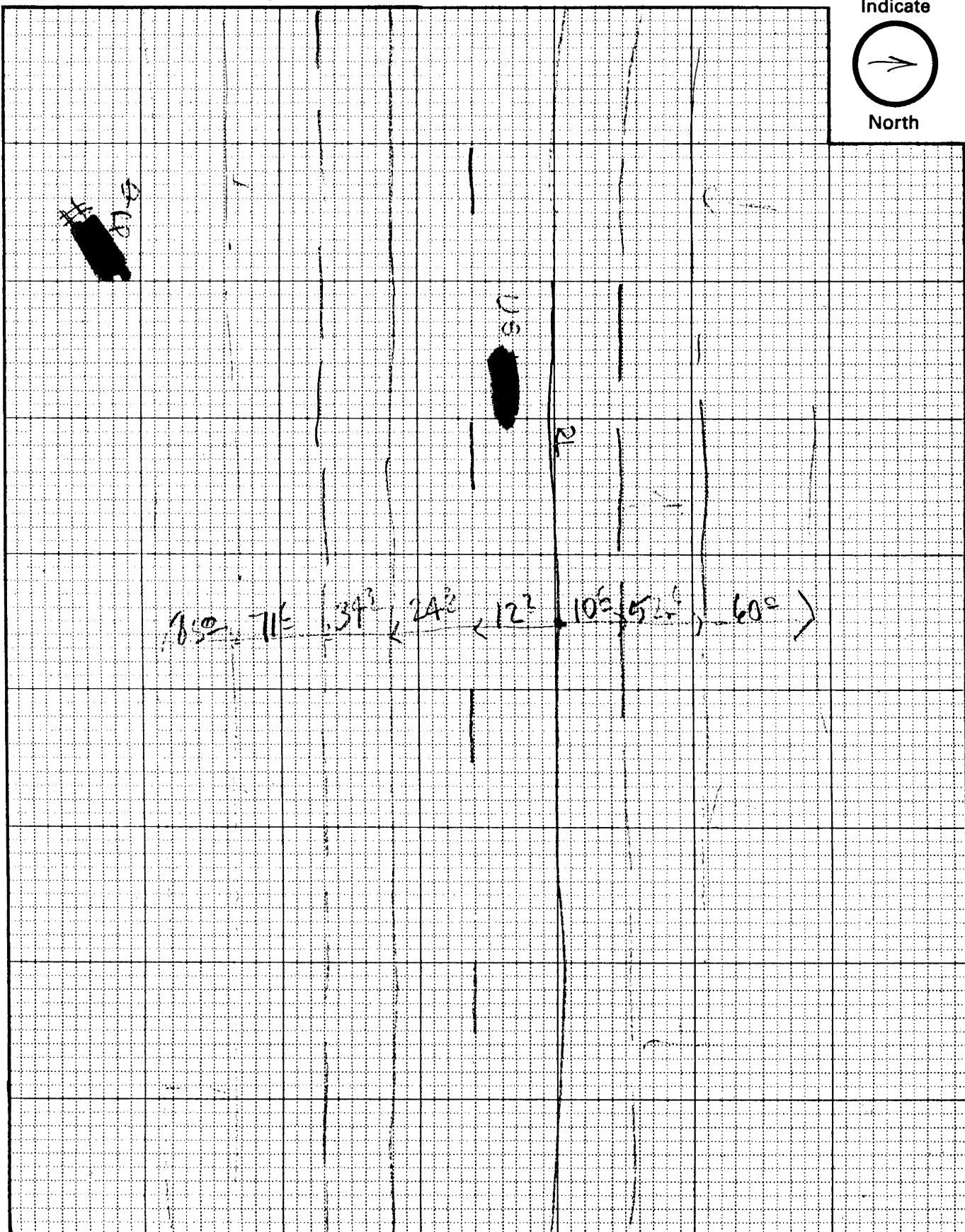
NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

BEST AVAILABLE COPY

Indicate



North





ACCIDENT COLLISION DIAGRAM		CRASH DATA
LEVEL I PHYSICAL EVIDENCE ABSENT	LEVEL II (Cont'd) physical evidence is present:	VEH. #1 VEH. #2 VEH. #3
To be accomplished when there is no physical evidence present at the scene:	<ul style="list-style-type: none"> * approximate vehicle orientation at impact and final rest * applicable road/roadway delineation (e.g., curve/edge lines, lane markings, median markings, pavement markings, etc.) * applicable traffic controls (e.g., speed limit) * north arrow placed on diagram * sketch required 	Heading Angle <u>265</u> <u>095</u> <u>095</u>
LEVEL II PHYSICAL EVIDENCE PRESENT	<ul style="list-style-type: none"> * document reference point and reference line relative to physical features present at the scene * scale documentation of all accident induced physical evidence * scaled documentation of all roadside objects contacted * roadway surface type and condition of applicable roadways * grade measurements for all applicable roadways and at location of rollover initiation * scaled representations of the vehicle(s) at pre-impact, impact, and final rest based upon either: <ul style="list-style-type: none"> a) physical evidence, or b) reconstructed accident dynamics 	Surface Type _____ Surface Condition _____ Grade (v/h) Measurement (between impact and final rest) _____ Grade (v/h) Measurement (at location of rollover initiation) _____

Reference Point: TRUCK PARKING Reference line: NORTH EDGE LINE

Item	Distance and Direction from Reference Point	Distance and Direction from Reference Line
Gauge #1 IN W/B LANE	52° E - 54° E	5 ⁴ N - 4 ⁸ N
" " 2 " "	54 ⁵ E - 56° E	3 ⁷ N - 2 ⁶ N
SKIDS IN W/B LN #1 LRV2	44° E - 47 ⁴ E	5° N - 3 ¹¹ N
#1A LRV2	51 ⁷ E	2 ⁶ N
#2A RRV2	53 ⁵ E	0
#2B RRV2	56 ⁹ E	1 ⁶ S
#2C RRV2	59 ² E	5 ¹ S
#1C LRV2	57 ⁹ E	1 ⁷ N
#1D LRV2	61 ⁵ E	0
#1E LRV2	62 ¹¹ E	2 ⁶ S

Item	Distance and Direction from Reference Point	Distance and Direction from Reference Line
SOURCES IN E/B 160 #1	15 ⁹ E - 16 ¹¹ E	28 ¹ S - 28 ⁸ S
#2	17 ⁴ E - 18 ¹⁰ E	24 ¹⁰ S - 24 ³ S
#3	17 ¹¹ E - 19 ² E	27 ⁹ S - 27 ² S
#4	18 ⁴ E - 20 ⁶ E	26 ¹ S - 24 ¹⁰ S
#5	25 ⁵ E - 28 ⁴ E	20 ¹⁰ S - 19 ⁶ S
#6	30 ⁵ E - 32 ¹ E	20 ⁶ S - 19 ¹⁰ S
#7	28 ¹⁰ E - 30 ² E	17 ¹ S - 16 ³ S
#8	30 ¹⁰ E - 35 ¹ E	17 ⁴ S - 16 ⁰ S
SKID PIZZ V2	47 ⁵ E - 52 ² E	12 ⁷ S - 10 ⁹ S
LPV1KANG/E S SHLD [REDACTED]	148E	34 ³ S
" " @ TRIP PT. ?	66E	39 ³ S
? " "	0	42 ⁴ S
SPILL @ V2 FOREST	61 ⁰ E	14 ⁴ N
RF V2 FOREST		
V3 SKIDS LF BEGIN	0 ¹⁰ E	13 ¹ S
" " RF "	24 ⁷ E	15 ⁹ S
" " @ 50 ⁰ E	50 ⁰ E	9 ⁴ S & 14 ¹ S
" " @ 79 ⁶ E	79 ⁶ E	7 ⁶ S & 12 ³ S
" " END	90 ⁰ E	6 ¹⁰ S & 11 ² S
ROAD HAS 3/8" IN 24" CROWN		
SHOULDERS HAVE 3/8 IN 24" CROWN		
SOUTH DITCH SLOPE	4 ¹⁵ / ₁₆ " IN 24"	
NORTH " "	4 ³ / ₁₆ " IN 24"	



ACCIDENT FORM

SPECIAL STUDIES - INDICATORS

Check () each special study (SS12-SS16 below) that has been completed; code 1 for the checked special studies and 0 for the special studies not checked.

1. Primary Sampling Unit Number NC SF
2. Case Number - Stratum 92-04

IDENTIFICATION

3. Number of General Vehicle Forms Submitted 03
4. Date of Accident (Month, Day, Year) _____ / 9 2
5. Time of Accident _____

Code reported military time of accident.

NOTE: Midnight = 2400
Unknown = 9999

6. SS12 Not Active 0
7. SS13 Not Active 0
8. SS14 Fatal AOPS 1
9. SS15 _____ 0
10. SS16 _____ 0

NUMBER OF EVENTS

11. Number of Recorded Events in This Accident 03

Code the number of events which occurred in this accident.

ACCIDENT EVENTS

For each event that occurred in the accident, code the lowest numbered vehicle in the left columns and the other involved vehicle or object on the right.

Accident Event Sequence Number	Vehicle Number	Class Of Vehicle	General Area of Damage	Vehicle Number or Object Contacted	Class Of Vehicle	General Area of Damage
12. <u>0 1</u>	13. <u>0 1</u>	14. <u>0 2</u>	15. <u>E</u>	16. <u>0 2</u>	17. <u>0 2</u>	18. <u>F</u>
19. <u>0 2</u>	20. <u>0 1</u>	21. <u>0 2</u>	22. <u>I</u>	23. <u>3 1</u>	24. <u>0 0</u>	25. <u>N</u>
26. <u>0 3</u>	27. <u>0 2</u>	28. <u>0 2</u>	29. <u>E</u>	30. <u>0 3</u>	31. <u>0 1</u>	32. <u>E</u>
33. <u>0 4</u>	34. _____	35. _____	36. _____	37. _____	38. _____	39. _____
40. <u>0 5</u>	41. _____	42. _____	43. _____	44. _____	45. _____	46. _____

IF GREATER THAN FIVE EVENTS, CONTINUE CODING ON THE ACCIDENT EVENT SUPPLEMENT

CODES FOR CLASS OF VEHICLE

- (00) Not a motor vehicle
- (01) Subcompact/mini (wheelbase < 100 inches)
- (02) Compact (wheelbase = 100 – 104 inches)
- (03) Intermediate (wheelbase = 105 – 109 inches)
- (04) Full size (wheelbase = 110 – 114 inches)
- (05) Largest (wheelbase ≥ 115 inches)
- (09) Unknown passenger car size
- (11) Compact utility vehicle
- (12) Large utility vehicle (\leq 10,000 lbs GVWR)
- (13) Passenger van (\leq 10,000 lbs GVWR)
- (14) Other van (\leq 10,000 lbs GVWR)
- (15) Pickup truck (\leq 10,000 lbs GVWR)
- (18) Other truck (\leq 10,000 lbs GVWR)
- (19) Unknown light truck type
- (20) School bus
- (21) Other bus
- (22) Truck (> 10,000 lbs GVWR)
- (23) Tractor without trailer
- (24) Tractor-trailer(s)
- (25) Motored cycle
- (28) Other vehicle
- (99) Unknown

CODES FOR GENERAL AREA OF DAMAGE (GAD)

CDS APPLICABLE AND OTHER VEHICLES

- (O) Not a motor vehicle
- (N) Noncollision
- (F) Front
- (R) Right side
- (L) Left side
- (B) Back
- (T) Top
- (U) Undercarriage
- (9) Unknown

TDC APPLICABLE VEHICLES

- (O) Not a motor vehicle
- (N) Noncollision
- (F) Front
- (R) Right side
- (L) Left side
- (B) Back of unit with cargo area (rear of trailer or straight truck)
- (D) Back (rear of tractor)
- (C) Rear of cab
- (V) Front of cargo area
- (T) Top
- (U) Undercarriage
- (9) Unknown

CODES FOR VEHICLE NUMBER OR OBJECT CONTACTED

(01-30) — Vehicle Number

Noncollision

- (31) Overturn — rollover
- (32) Fire or explosion
- (33) Jackknife
- (34) Other intraunit damage (specify):

- (35) Noncollision injury
- (38) Other noncollision (specify):

- (39) Noncollision — details unknown

Collision With Fixed Object

- (41) Tree (\leq 4 inches in diameter)
- (42) Tree (> 4 inches in diameter)
- (43) Shrubbery or bush
- (44) Embankment
- (45) Breakaway pole or post (any diameter)

Nonbreakaway Pole or Post

- (50) Pole or post (\leq 4 inches in diameter)
- (51) Pole or post (> 4 inches but \leq 12 inches in diameter)
- (52) Pole or post (> 12 inches in diameter)
- (53) Pole or post (diameter unknown)
- (54) Concrete traffic barrier
- (55) Impact attenuator
- (56) Other traffic barrier (includes guardrail) (specify):

- (57) Fence

- (58) Wall
- (59) Building
- (60) Ditch or culvert
- (61) Ground
- (62) Fire hydrant
- (63) Curb
- (64) Bridge
- (68) Other fixed object (specify):

- (69) Unknown fixed object

Collision with Nonfixed Object

- (71) Motor vehicle not in-transport
- (72) Pedestrian
- (73) Cyclist or cycle
- (74) Other nonmotorist or conveyance

- (75) Vehicle occupant

- (76) Animal
- (77) Train
- (78) Trailer, disconnected in transport
- (88) Other nonfixed object (specify):

- (89) Unknown nonfixed object

- (98) Other event (specify):

- (99) Unknown event or object



ACCIDENT LOG

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

TO BE COMPLETED BY TEAM

1. PSU Number NCST
2. Case Number—Stratum 92-D4
3. Assigned Researcher Number _____
4. PSU Reviewer Number _____
5. Sample Date 92
6. Date Scene Field Work Completed 92

TO BE COMPLETED BY ZONE CENTER

7. Assessment Of Complexity Of Scene
 - (1) Level 1 _____
 - Level 2*
 - (2) Routine _____
 - (3) Difficult _____
8. Field Documentation Of Physical Plant
 - (0) Not applicable _____
 - (1) Substandard _____
 - (2) Standard _____
 - (3) Above standard _____
9. Field Documentation Of Physical Evidence
 - (0) Not applicable _____
 - (1) Substandard _____
 - (2) Standard _____
 - (3) Above standard _____
10. Quality Of Scene Diagram
 - (0) Not applicable _____
 - (1) Substandard _____
 - (2) Standard _____
 - (3) Above standard _____
11. Scene Slides Subject Quality
 - (0) Not applicable _____
 - (1) Substandard _____
 - (2) Standard _____
 - (3) Above standard _____
12. Scene Slides Quality
 - (0) Not applicable _____
 - (1) Substandard _____
 - (2) Standard _____
 - (3) Above standard _____
13. Number Of Researcher Coded Events _____
14. Number Of Events Added By Zone Center _____
15. Number Of Events Deleted By Zone Center _____
16. Correct Stratum Character _____

DATA STATUS OF VARIABLE NUMBERS 1-81

1 2 3 4 5 6 7 8 9 10 11

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12 13 14 15 16 17 18

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19 20 21 22 23 24 25

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26 27 28 29 30 31 32

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33 34 35 36 37 38 39

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40 41 42 43 44 45 46

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47 48 49 50 51 52 53

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54 55 56 57 58 59 60

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61 62 63 64 65 66 67

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68 69 70 71 72 73 74

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75 76 77 78 79 80 81

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Data Status Codes:

- (Blank) Correct
- (1) Derived error
- (2) Non-correctable error
- (3) Correctable error
- (4) Change—no error
- (5) Sequencing error
- (7) Incorrect edit override
- (8) MDE error
- (9) Unknown coded



GENERAL VEHICLE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

<p>1. Primary Sampling Unit Number <u>NCSII</u></p> <p>2. Case Number - Stratum <u>92-04</u></p> <p>3. Vehicle Number <u>01</u></p>	<p>11. Police Reported Alcohol Presence <u>10</u> (0) No alcohol present (1) Yes (alcohol present) (7) Not reported (8) No driver present (9) Unknown</p> <p>Note: See variables 37 through 55 (Page 4) for information on Other Drugs</p>
VEHICLE IDENTIFICATION	
<p>4. Vehicle Model Year <u>92</u> Code the last two digits of the model year (99) Unknown</p> <p>5. Vehicle Make (specify): <u>PONTIAC</u> Applicable codes are found in your NASS Data Collection, Coding and Editing Manual. (99) Unknown</p> <p>6. Vehicle Model (specify): <u>GRAND AM</u> Applicable codes are found in your NASS Data Collection, Coding and Editing Manual. (999) Unknown</p> <p>7. Body Type <u>04</u> Note: Applicable codes may be found on the back of this page.</p> <p>8. Vehicle Identification Number <u>1G2NE54N0</u></p> <p>Left justify; Slash zeros and letter Z (0 and Z) No VIN—Code all zeros Unknown—Code all nine's</p>	<p>12. Alcohol Test Result For Driver <u>96</u> Code actual value (decimal implied before first digit—0.xx) (95) Test refused (96) None given (97) AC test performed, results unknown (98) No driver present (99) Unknown</p> <p>Source: <u>PAB</u></p>
ACCIDENT RELATED	
<p>13. Speed Limit <u>55</u> (00) No statutory limit Code posted or statutory speed limit (99) Unknown</p> <p>14. Attempted Avoidance Maneuver <u>99</u> (00) No impact (01) No avoidance actions (02) Braking (no lockup) (03) Braking (lockup) (04) Braking (lockup unknown) (05) Releasing brakes (06) Steering left (07) Steering right (08) Braking and steering left (09) Braking and steering right (10) Accelerating (11) Accelerating and steering left (12) Accelerating and steering right (97) No driver present (98) Other action (specify): (99) Unknown</p>	
<p>9. Police Reported Vehicle Disposition <u>1</u> (0) Not towed due to vehicle damage (1) Towed due to vehicle damage (9) Unknown</p> <p>10. Police Reported Travel Speed <u>99</u> Code to the nearest mph (NOTE: 00 means less than 0.5 mph) (97) 96.5 mph and above (99) Unknown</p>	<p>15. Accident Type <u>50</u> Applicable codes may be found on the back of page two of this field form (00) No impact Code the number of the diagram that best describes the accident circumstance (98) Other accident type (specify): (99) Unknown</p>

***** SKIP TO VARIABLE GV37 IF GV07 DOES NOT EQUAL 01-49 *****

CODES FOR BODY TYPE

CDS APPLICABLE VEHICLES

Automobiles

- (01) Convertible (excludes sun-roof, t-bar)
- (02) 2-door sedan, hardtop, coupe
- (03) 3-door/2-door hatchback
- (04) 4-door sedan, hardtop
- (05) 5-door/4-door hatchback
- (06) Station wagon (excluding van and truck based)
- (07) Hatchback, number of doors unknown
- (08) Other automobile type (specify): _____
- (09) Unknown automobile type

Automobile Derivatives

- (10) Auto based pickup (includes El Camino, Caballero, Ranchero, Brat, and Rabbit pickup)
- (11) Auto based panel (cargo station wagon, auto based ambulance/hearse)
- (12) Large limousine - more than four side doors or stretched chassis
- (13) Three-wheel automobile or automobile derivative

Utility Vehicles ($\leq 10,000$ lbs GVWR)

- (14) Compact utility (Jeep CJ-2 - CJ-7, Scrambler, Golden Eagle, Renegade, Laredo, Wrangler, Cherokee [84 and after], Dispatcher, Raider, Bronco II, Bronco [76 and before], Explorer, S-10 Blazer, Geo Tracker, Bravado, S-15 Jimmy, Thing, Pathfinder, Trooper, Trooper II, Rodeo, Amigo, Navajo, 4-Runner, Montero, Samurai, Sidekick, Rocky)
- (15) Large utility (includes Jeep Cherokee [83 and before], Ramcharger, Trailduster, Bronco-fullsize [78 and after], fullsize Blazer, fullsize Jimmy, Landcruiser, Rover, Scout)
- (16) Utility station wagon (Chevy Suburban, GMC Suburban, Travelall, Grand Wagoneer, includes suburban limousine)
- (19) Utility, unknown body type

Van Based Light Trucks ($\leq 10,000$ lbs GVWR)

- (20) Minivan (Chrysler Town and Country, Caravan, Grand Caravan, Voyager, Grand Voyager, Mini-Ram, Dodge/Plymouth Vista, Aerostar, Lumina APV, Trans Sport, Silhouette, Astro, Safari, Toyota Van, Toyota Minivan, Previa, Nissan Minivan, Mitsubishi Minivan, Vanagon/Camper.)
- (21) Large van (B150-B350, Sportsman, Royal, Maxiwagon, Ram, Tradesman, Voyager [83 and before], E150-E350, Econoline, Clubwagon, Chateau, G10-G30, Chevy Van, Beauville, Sport Van, G15-G35, Rally Van, Vandura.)
- (22) Step van or walk-in van ($\leq 10,000$ lbs GVWR)
- (23) Van based motorhome ($\leq 10,000$ lbs GVWR)
- (28) Other van type (Hi-Cube Van, Kary) (specify): _____
- (29) Unknown van type

Light Conventional Trucks (Pickup style cab, $\leq 10,000$ lbs GVWR)

- (30) Compact pickup (D50, Colt P/U, Ram 50, Dakota, Arrow Pickup [foreign], Ranger, Courier, S-10, T-10, LUV, S-15, T-15, Sonoma, Datsun/Nissan Pickup, P'up, Mazda Pickup, Toyota Pickup, Mitsubishi Pickup)
- (31) Large Pickup (Jeep Pickup, Comanche, Ram Pickup, D100-D350, W100-W350, F100-F350, C10-C35, K10-K35, R10-R35, V10-V35, Silverado, Sierra, R100-R500,)
- (32) Pickup with slide-in camper
- (33) Convertible pickup
- (39) Unknown pickup style light conventional truck type

Other Light Trucks ($\leq 10,000$ lbs GVWR)

- (40) Cab chassis based (includes rescue vehicles, light stake, dump, and tow truck)
- (41) Truck based panel
- (42) Light truck based motorhome (chassis mounted)
- (45) Other light conventional truck type
- (48) Unknown light truck type
- (49) Unknown light vehicle type (automobile, utility, van, or light truck)

OTHER VEHICLES

Buses (Excludes Van Based)

- (50) School bus (designed to carry students, not cross country or transit)
- (58) Other bus type (e.g., transit, intercity, bus based motorhome) (specify): _____
- (59) Unknown bus type

Medium/Heavy Trucks ($> 10,000$ lbs GVWR)

- (60) Step van ($> 10,000$ lbs GVWR)
- (61) Single unit straight truck ($10,000$ lbs $<$ GVWR \leq 19,500 lbs)
- (62) Single unit straight truck (19,500 lbs $<$ GVWR \leq 26,000 lbs)
- (63) Single unit straight truck ($> 26,000$ lbs GVWR)
- (64) Single unit straight truck, GVWR unknown
- (65) Medium/heavy truck based motorhome
- (67) Truck-tractor with no cargo trailer
- (68) Truck-tractor pulling one trailer
- (69) Truck-tractor pulling two or more trailers
- (70) Truck-tractor (unknown if pulling trailer)
- (78) Unknown medium/heavy truck type
- (79) Unknown truck type (light/medium/heavy)

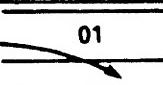
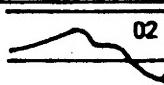
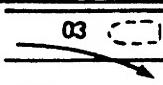
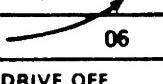
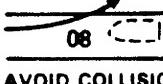
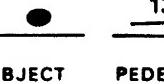
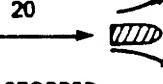
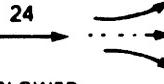
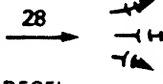
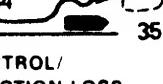
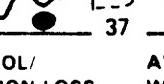
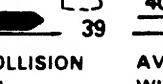
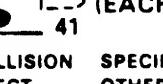
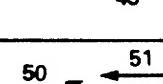
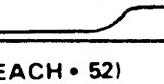
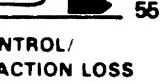
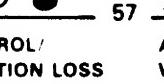
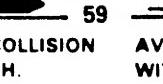
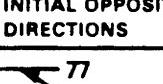
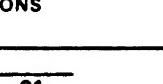
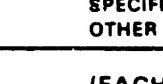
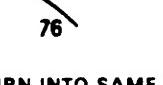
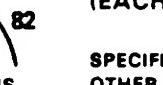
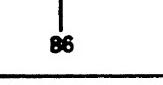
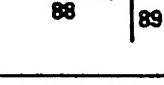
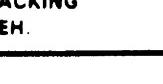
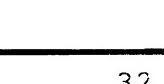
Motored Cycles (Does Not Include All-Terrain Vehicles/Cycles)

- (80) Motorcycle
- (81) Moped (motorized bicycle)
- (82) Three-wheel motorcycle or moped
- (88) Other motored cycle (minibike, motorscooter) (specify): _____
- (89) Unknown motored cycle type

Other Vehicles

- (90) ATV (All-Terrain Vehicle) and ATC (All-Terrain Cycle)
- (91) Snowmobile
- (92) Farm equipment other than trucks
- (93) Construction equipment other than trucks
- (97) Other vehicle type
- (99) Unknown body type

OCCUPANT RELATED		2
16. Driver Presence in Vehicle (0) Driver not present (1) Driver present (9) Unknown	<u>1</u>	24. Rollover (0) No rollover (no overturning) <i>Rollover (primarily about the longitudinal axis)</i> (1) Rollover, 1 quarter turn only (2) Rollover, 2 quarter turns (3) Rollover, 3 quarter turns (4) Rollover, 4 or more quarter turns (specify): <hr/> (5) Rollover--end-over-end (i.e., primarily about the lateral axis) (9) Rollover (overturn), details unknown
17. Number of Occupants This Vehicle (00-96) Code actual number of occupants for this vehicle (97) 97 or more (99) Unknown	<u>02</u>	
18. Number of Occupant Forms Submitted	<u>02</u>	
VEHICLE WEIGHT ITEMS		
19. Vehicle Curb Weight <u>2777</u> Code weight to nearest 100 pounds. (010) Less than 1050 pounds (135) 13,500 pounds or more (999) Unknown	<u>028 00</u>	25. Front Override/Underride (this Vehicle) 26. Rear Override/Underride (this Vehicle) (0) No override/underride, or not an end-to-end impact
Source: _____		<i>Override (see specific CDC)</i> (1) 1st CDC (2) 2nd CDC (3) Other not automated CDC (specify): <hr/> <i>Underride (see specific CDC)</i> (4) 1st CDC (5) 2nd CDC (6) Other not automated CDC (specify): <hr/>
20. Vehicle Cargo Weight Code weight to nearest 100 pounds. (00) Less than 50 pounds (97) 9,650 pounds or more (99) Unknown	<u>9.9 00</u>	(7) Medium/heavy truck or bus override (9) Unknown
RECONSTRUCTION DATA		
21. Towed Trailing Unit (0) No towed unit (1) Yes—towed trailing unit (9) Unknown	<u>0</u>	HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V
22. Documentation of Trajectory Data for This Vehicle (0) No (1) Yes	<u>0</u>	Values: (000)-(359) Code actual value (997) Noncollision (998) Impact with object (999) Unknown
23. Post Collision Condition of Tree or Pole (For Highest Delta V) (0) Not collision (for highest delta V) with tree or pole (1) Not damaged (2) Cracked/sheared (3) Tilted < 45 degrees (4) Tilted ≥ 45 degrees (5) Uprooted tree (6) Separated pole from base (7) Pole replaced (8) Other (specify): (9) Unknown	<u>0</u>	27. Heading Angle For This Vehicle <u>265</u> 28. Heading Angle For Other Vehicle <u>095</u>

Category	Configuration	ACCIDENT TYPES (Includes Intent)					
I. Single Driver	A. Right Roadside Departure				04	05	
	B. Left Roadside Departure				09	10	
	C. Forward Impact					15	16
II. Same Trafficway Same Direction	D. Rear-End					30	(EACH • 32) (EACH • 33)
		STOPPED 21, 22, 23	SLOWER 25, 26, 27		DECEL. 29, 30, 31	31	SPECIFICS OTHER SPECIFICS UNKNOWN
	E. Forward Impact					41	(EACH • 42) (EACH • 43)
III. Same Trafficway Opposite Direction	F. Sideswipe Angle				(EACH • 48) SPECIFICS OTHER		(EACH • 49) SPECIFICS UNKNOWN
	G. Head-On			(EACH • 52) SPECIFICS OTHER	(EACH • 53)		SPECIFICS UNKNOWN
	H. Forward Impact					61	(EACH • 62) (EACH • 63)
IV. Change Trafficway Vehicle Turning	I. Sideswipe Angle			(EACH • 66) SPECIFICS OTHER	(EACH • 67)		SPECIFICS UNKNOWN
	J. Turn Across Path					73	(EACH • 74) (EACH • 75)
	K. Turn Into Path					81	(EACH • 84) (EACH • 85)
V. Intersecting Paths (Vehicle Damage)	L. Straight Paths				(EACH • 90) SPECIFICS OTHER		(EACH • 91) SPECIFICS UNKNOWN
VI. Miscellaneous	M. Backing Etc.			93 OTHER VEH. OR OBJECT	98 Other Accident Type 99 Unknown Accident Type 00 No Impact		

<p>29. Basis for Total Delta V (highest)</p> <p><i>Delta V Calculated</i></p> <ol style="list-style-type: none"> (1) CRASH program—damage only routine (2) CRASH program—damage and trajectory routine (3) Missing vehicle algorithm <p><i>Delta V Not Calculated</i></p> <ol style="list-style-type: none"> (4) At least one vehicle (which may be this vehicle) is beyond the scope of an acceptable reconstruction program, regardless of collision conditions. (5) All vehicles within scope (CDC applicable) of CRASH program but one of the collision conditions is beyond the scope of the CRASH program or other acceptable reconstruction technique, regardless of adequacy of damage data. (6) All vehicle and collision conditions are within scope of one of the acceptable reconstruction programs, but there is insufficient data available. 	<p style="text-align: right;">Secondary Highest</p> <p>32. Lateral Component of Delta V <u>± 024</u></p> <p><u>-4</u> Nearest mph</p> <p>(NOTE: _00 means greater than -0.5 and less than +0.5 mph) (± 97) ± 96.5 mph and above (_99) Unknown</p> <p>33. Energy Absorption <u>169.6 00</u></p> <p><u>169579</u> Nearest 100 foot-lbs</p> <p>(NOTE: 0000 means less than 50 foot-lbs) (9997) 999,650 foot-lbs or more (9999) Unknown</p> <p>34. Confidence In Reconstruction Program Results (For Highest Delta V) <u>4</u></p> <ol style="list-style-type: none"> (0) No reconstruction (1) Collision fits model — results appear reasonable (2) Collision fits model — results appear high (3) Collision fits model — results appear low (4) Borderline reconstruction — results appear reasonable
<p>COMPUTER GENERATED DELTA V</p> <p>30. Total Delta V</p> <p><i>41</i> Nearest mph</p> <p>(NOTE: 00 means less than 0.5 mph) (97) 96.5 mph and above (99) Unknown</p> <p>31. Longitudinal Component of Delta V</p> <p><i>-41</i> Nearest mph</p> <p>(NOTE: _00 means greater than -0.5 and less than +0.5 mph) (± 97) ± 96.5 mph and above (_99) Unknown</p>	<p style="text-align: right;">Secondary Highest</p> <p>35. Type of Vehicle Inspection <u>0</u></p> <ol style="list-style-type: none"> (0) No inspection (1) Complete inspection (2) Partial inspection (specify): <p>36. Is this an AOPS Vehicle? <u>1</u></p> <ol style="list-style-type: none"> (0) No (1) Yes

IS OLDMISS APPLICABLE FOR THIS VEHICLE? YES NO

IF YES: IS A COMPLETED OLDMISS PROGRAM SUMMARY INCLUDED? YES NO

37. Police Reported Other Drug Presence
 (0) No other drugs present
 (1) Yes (other drug present)
 (7) Not reported
 (8) No driver present
 (9) Unknown

38. Police Reported Observation/Perception Test Type For Driver
 (0) No observation/perception test given
 (1) Drug recognition technician (DRT) determination using DEC process
 (2) Behavioral
 (3) Other physical observation/perception determination (specify):
 (4) DEC process available, unknown if determination made
 (5) DEC process not available, unknown if other observation/perception test given
 (7) Other observation/perception test (specify):
 (8) No driver present

39. Other Drug Specimen Test Type For Driver
 (0) No specimen test given
 (1) Blood test
 (2) Urine test
 (3) Other specimen tests (specify):
 (7) Unspecified specimen test
 (8) No driver present
 (9) Unknown if specimen test given

DRUG EVALUATION CLASSIFICATION OTHER DRUGS TEST RESULTS FOR DRIVER

DEC Observation/ Perception Test Results	Specimen Test Results
Narcotic Drug	41. <input checked="" type="checkbox"/>
Depressant Drug	42. <input checked="" type="checkbox"/>
Stimulant Drug	43. <input type="checkbox"/>
Hallucinogen Drug	44. <input type="checkbox"/>
Cannabinoid Drug	45. <input type="checkbox"/>
Phencyclidine (PCP)	46. <input type="checkbox"/>
Inhalant Drug	47. <input type="checkbox"/>
Other Drug (Excluding Nicotine, Aspirin, Alcohol, Drugs Administered Post-Crash)	48. <input type="checkbox"/>
	49. <input type="checkbox"/>
	50. <input type="checkbox"/>
	51. <input type="checkbox"/>
	52. <input type="checkbox"/>
	53. <input type="checkbox"/>
	54. <input checked="" type="checkbox"/>
	55. <input checked="" type="checkbox"/>

Codes For Observation/Perception Test Results

- (0) No DEC observation/perception test given
- (1) Passed DEC observation/perception test
- (2) Failed DEC observation/perception test
- (3) DEC observation/perception test given—results unknown
- (8) No driver present
- (9) Unknown if DEC observation/perception test given

Codes for Specimen Test Results

- (0) No specimen test given
- (1) Drug not found in specimen
- (2) Drug found in specimen
- (7) Specimen test given, results unknown or not obtained
- (8) No driver present
- (9) Unknown if specimen test given

OTHER DATA**56. Driver's Zip Code**

- (00000) Driver not present
 (00001) Driver not a resident of U.S. or territories
 _____ Code actual 5-digit zip code
 (99999) Unknown

57. Driver's Race/Ethnic Origin

- (0) Driver not present
 (1) White (non-Hispanic)
 (2) Black (non-Hispanic)
 (3) White (Hispanic)
 (4) Black (Hispanic)
 (5) American Indian, Eskimo or Aleut
 (6) Asian or Pacific Islander
 (8) Other (specify):
 (9) Unknown

58. Vehicle Special Use (This Trip)

- (0) No special use
 (1) Taxi
 (2) Vehicle used as school bus
 (3) Vehicle used as other bus
 (4) Military
 (5) Police
 (6) Ambulance
 (7) Hearse
 (8) Fire truck or car
 (9) Unknown

ROLLOVER DATA

If GV07 (Body Type) ≠ 1-49, leave GV59-GV63 blank.
 If GV24 (Rollover) = 0, then GV59-GV63 must equal 0.
 If GV24 = 9, then GV59-GV63 must equal 9.

59. Rollover Initiation Type

- (0) No rollover
 (1) Trip-over
 (2) Flip-over
 (3) Turn-over
 (4) Climb-over
 (5) Fall-over
 (6) Bounce-over
 (7) Collision with another vehicle
 (8) Other rollover initiation type specify:
 (9) Unknown rollover initiation type

60. Location of Rollover Initiation

- (0) No rollover
 (1) On roadway
 (2) On shoulder—paved
 (3) On shoulder—unpaved
 (4) On roadside or divided trafficway median
 (9) Unknown

61. Rollover Initiation Object Contacted02**62. Location on Vehicle Where Initial Principal Tripping Force Is Applied**1

- (0) No rollover
 (1) Wheels/tires
 (2) Side plane
 (3) End plane
 (4) Undercarriage
 (5) Other location on vehicle (specify):
 (8) Non-contact rollover forces (specify):
 (9) Unknown

63. Direction of Initial Roll2

- (0) No rollover
 (1) Roll right - primarily about the longitudinal axis
 (2) Roll left - primarily about the longitudinal axis
 (5) End-over-end (i.e., primarily about the lateral axis)
 (9) Unknown roll direction

PRECRASH DATA**64. Pre-Event Movement (Prior to Recognition of Critical Event)**01

- (01) Going straight
 (02) Slowing or stopping in traffic lane
 (03) Starting in traffic lane
 (04) Stopped in traffic lane
 (05) Passing or overtaking another vehicle
 (06) Disabled or parked in travel lane
 (07) Leaving a parking position
 (08) Entering a parking position
 (09) Turning right
 (10) Turning left
 (11) Making a U-turn
 (12) Backing up (other than for parking position)
 (13) Negotiating a curve
 (14) Changing lanes
 (15) Merging
 (16) Successful avoidance maneuver to a previous critical event
 (97) Other (specify):
 (98) No driver present
 (99) Unknown

CODES FOR ROLLOVER INITIATION OBJECT CONTACTED

(00) No rollover
(01-30) — Vehicle Number

Noncollision

(31) Turn-over — fall-over
(33) Jackknife

Collision With Fixed Object

(41) Tree (\leq 4 inches in diameter)
(42) Tree ($>$ 4 inches in diameter)
(43) Shrubbery or bush
(44) Embankment

(45) Breakaway pole or post (any diameter)

Nonbreakaway Pole or Post

(50) Pole or post (\leq 4 inches in diameter)
(51) Pole or post ($>$ 4 inches but \leq 12 inches in diameter)
(52) Pole or post ($>$ 12 inches in diameter)
(53) Pole or post (diameter unknown)

(54) Concrete traffic barrier
(55) Impact attenuator
(56) Other traffic barrier (includes guardrail)
(specify): _____

(57) Fence
(58) Wall
(59) Building
(60) Ditch or culvert
(61) Ground
(62) Fire hydrant
(63) Curb
(64) Bridge
(68) Other fixed object (specify): _____

(69) Unknown fixed object

Collision with Nonfixed Object

(71) Motor vehicle not in-transport
(76) Animal
(77) Train
(78) Trailer, disconnected in transport
(88) Other nonfixed object (specify): _____

(89) Unknown nonfixed object

(98) Other event (specify): _____

(99) Unknown event or object

PRECRASH DATA (Continued)**65. Critical Precrash Event**10*This Vehicle Loss of Control Due To:*

- (01) Blow out or flat tire
- (02) Stalled engine
- (03) Disabling vehicle failure (e.g., wheel fell off) (specify): _____
- (04) Non-disabling vehicle problem (e.g., hood flew up) (specify): _____
- (05) Poor road conditions (puddle, pot hole, ice, etc.) (specify): _____
- (06) Traveling too fast for conditions
- (08) Other cause of control loss (specify): _____
- (09) Unknown cause of control loss

This Vehicle Traveling

- (10) Over the lane line on left side of travel lane
- (11) Over the lane line on right side of travel lane
- (12) Off the edge of the road on the left side
- (13) Off the edge of the road on the right side
- (14) End departure
- (15) Turning left at intersection
- (16) Turning right at intersection
- (17) Crossing over (passing through) intersection
- (19) Unknown travel direction

Other Motor Vehicle In Lane

- (50) Stopped
- (51) Traveling in same direction with lower speed (i.e., lower steady speed or decelerating)
- (52) Traveling in same direction with higher speed
- (53) Traveling in opposite direction
- (54) In crossover
- (55) Backing
- (59) Unknown travel direction of other motor vehicle in lane

Other Motor Vehicle Encroaching Into Lane

- (60) From adjacent lane (same direction)—over left lane line
- (61) From adjacent lane (same direction)—over right lane line
- (62) From opposite direction—over left lane line
- (63) From opposite direction—over right lane line
- (64) From parking lane
- (65) From crossing street, turning into same direction
- (66) From crossing street, across path
- (67) From crossing street, turning into opposite direction
- (68) From crossing street, intended path not known
- (70) From driveway, turning into same direction
- (71) From driveway, across path
- (72) From driveway, turning into opposite direction
- (73) From driveway, intended path not known
- (74) From entrance to limited access highway
- (78) Encroachment by other vehicle—details unknown

Pedestrian or Pedalcyclist, or Other Nonmotorist

- (80) Pedestrian in roadway
- (81) Pedestrian approaching roadway
- (82) Pedestrian - unknown location
- (83) Pedalcyclist or other nonmotorist in roadway (specify): _____
- (84) Pedalcyclist or other nonmotorist approaching roadway (specify): _____
- (85) Pedalcyclist or other nonmotorist—unknown location (specify): _____

Object or Animal

- (87) Animal in roadway
- (88) Animal approaching roadway
- (89) Animal—unknown location
- (90) Object in roadway
- (91) Object approaching roadway
- (92) Object—unknown location
- (98) Other critical precrash event (specify): _____
- (99) Unknown

**For Corrective Actions Attempted see variable GV14
(Attempted Avoidance Maneuver)**

66. Precrash Stability After Avoidance Maneuver

- (0) No avoidance maneuver
- (1) Tracking
- (2) Skidding longitudinally—rotation less than 30 degrees
- (3) Skidding laterally—clockwise rotation
- (4) Skidding laterally—counterclockwise rotation
- (7) Other vehicle loss-of-control (specify): _____
- (8) No driver present
- (9) Precrash stability unknown

67. Precrash Directional Consequences of Avoidance Maneuver (Corrective Action)

- (0) No avoidance maneuver
- (1) Vehicle stayed in travel lane where avoidance maneuver was initiated
- (2) Vehicle stayed on roadway but left travel lane where avoidance maneuver was initiated
- (3) Vehicle stayed on roadway, not known if left travel lane where avoidance maneuver was initiated
- (4) Vehicle departed roadway
- (5) Avoidance maneuver initiated off roadway
- (8) No driver present
- (9) Directional consequences unknown

***** IF THE CDS APPLICABLE VEHICLE WAS NOT INSPECTED (I.E., GV35=0), ***
DO NOT COMPLETE THE EXTERIOR AND INTERIOR VEHICLE FORMS.**

***** IF GV07 DOES NOT EQUAL 01-49, DO NOT COMPLETE ***
THE EXTERIOR VEHICLE, INTERIOR VEHICLE,
OCCUPANT ASSESSMENT, AND OCCUPANT INJURY FORMS.**



GENERAL VEHICLE LOG

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

TO BE COMPLETED BY TEAM	TO BE COMPLETED BY THE ZONE CENTER
1. PSU Number <u>NCII</u>	10. Reconstruction Program (Most Severe Impact) (0) Not present (1) Added (2) Dropped (3) Changed (4) Correct
2. Case Number—Stratum <u>97-04</u>	11. Reason(s) Program Results Dropped Or Changed a. Algorithm choice b. Collision type c. Vehicle type d. Size / stiffness / weight e. Improved PDOF f. CDC g. Trajectory data h. Damage data i. Heading angle for Oldmiss
3. Researcher Completing Form <u>O1</u>	a b c d e f g h i (Blank) Correct or no reconstruction (1) Incorrect
4. Vehicle Number <u>1</u>	
5. Vehicle Disposition/Type (1) Towed, CDS applicable (2) Non-towed, CDS applicable (not AOPS) (3) Non-CDS applicable (4) Non-towed AOPS—CDS applicable <u>O5</u>	
6. Reason Vehicle Inspection Not Completed (00) Non-CDS applicable vehicle (01) Complete inspection (02) Partial inspection (03) Vehicle cannot be located (04) Vehicle destroyed (05) Vehicle outside of study area (06) Vehicle impounded (07) Vehicle sold (08) Hit and run vehicle (09) Owner could not be located (10) Owner refusal (11) Insurance company refusal (12) Attorney refusal or litigation (13) Repair or tow facility refusal (14) Stolen (15) Wrong name and address on PAR (16) Caseload / staff turnover (17) Other (specify): _____	
7. Knowledge Of Highest Delta V Results <i>Known</i> (01) CRASH-PC damage only (02) CRASH-PC damage and trajectory (03) OLDMISS <i>Unknown</i> (04) Rollover (05) Other non-horizontal force (06) Sideswipe type damage / severe override (07) Vehicle out of scope / pedestrian (08) Yielding object (09) Overlapping damage (10) Insufficient data (11) Other (specify): _____	3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67
8. Presence Of Non-coded Reconstruction Program? (0) No (1) Yes	
9. Data Obtained for This Vehicle's Most Severe Impact (Regardless of Usage) (0) No data obtained (1) CDC data only (2) Trajectory data only (3) CDC and crush profile only (4) CDC and trajectory data only (5) CDC, crush profile, and trajectory data <u>3</u>	Data Status Codes: (Blank) Correct (1) Derived error (2) Non-correctable error (3) Correctable error (4) Change—no error (7) Incorrect edit override (8) MDE error (9) Unknown coded

**IF THIS CDS VEHICLE WAS NOT INSPECTED OR IF THIS WAS NOT A CDS VEHICLE,
DO NOT COMPLETE AN EXTERIOR OR INTERIOR VEHICLE LOG**



GENERAL VEHICLE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

<p>1. Primary Sampling Unit Number <u>NC51</u></p> <p>2. Case Number - Stratum <u>92-04</u></p> <p>3. Vehicle Number <u>02</u></p>	<p>11. Police Reported Alcohol Presence <u>0</u> (0) No alcohol present (1) Yes (alcohol present) (7) Not reported (8) No driver present (9) Unknown</p> <p>Note: See variables 37 through 55 (Page 4) for information on Other Drugs</p>
VEHICLE IDENTIFICATION	
<p>4. Vehicle Model Year <u>92</u> Code the last two digits of the model year (99) Unknown</p> <p>5. Vehicle Make (specify): <u>CHEVROLET</u> Applicable codes are found in your NASS Data Collection, Coding and Editing Manual. (99) Unknown</p> <p>6. Vehicle Model (specify): <u>CORSICA LT</u> Applicable codes are found in your NASS Data Collection, Coding and Editing Manual. (999) Unknown</p> <p>7. Body Type <u>04</u> Note: Applicable codes may be found on the back of this page.</p> <p>8. Vehicle Identification Number <u>1GILLI53T2</u></p> <p>Left justify; Slash zeros and letter Z (0 and Z) No VIN—Code all zeros Unknown—Code all nine's</p>	<p>12. Alcohol Test Result For Driver <u>96</u> Code actual value (decimal implied before first digit—0.xx) (95) Test refused (96) None given (97) AC test performed, results unknown (98) No driver present (99) Unknown</p> <p>Source: <u>PAR</u></p>
ACCIDENT RELATED	
<p>13. Speed Limit <u>55</u> (00) No statutory limit Code posted or statutory speed limit (99) Unknown</p> <p>14. Attempted Avoidance Maneuver <u>99</u> (00) No impact (01) No avoidance actions (02) Braking (no lockup) (03) Braking (lockup) (04) Braking (lockup unknown) (05) Releasing brakes (06) Steering left (07) Steering right (08) Braking and steering left (09) Braking and steering right (10) Accelerating (11) Accelerating and steering left (12) Accelerating and steering right (97) No driver present (98) Other action (specify): (99) Unknown</p>	
<p>9. Police Reported Vehicle Disposition <u>1</u> (0) Not towed due to vehicle damage (1) Towed due to vehicle damage (9) Unknown</p> <p>10. Police Reported Travel Speed <u>99</u> Code to the nearest mph (NOTE: 00 means less than 0.5 mph) (97) 96.5 mph and above (99) Unknown</p>	<p>15. Accident Type <u>51</u> Applicable codes may be found on the back of page two of this field form (00) No impact Code the number of the diagram that best describes the accident circumstance (98) Other accident type (specify): (99) Unknown</p>

***** SKIP TO VARIABLE GV37 IF GV07 DOES NOT EQUAL 01-49 *****

OCCUPANT RELATED		24. Rollover (0) No rollover (no overturning) <i>Rollover (primarily about the longitudinal axis)</i> (1) Rollover, 1 quarter turn only (2) Rollover, 2 quarter turns (3) Rollover, 3 quarter turns (4) Rollover, 4 or more quarter turns (specify): _____ (5) Rollover--end-over-end (i.e., primarily about the lateral axis) (9) Rollover (overturn), details unknown
16. Driver Presence in Vehicle (0) Driver not present (1) Driver present (9) Unknown	1	
17. Number of Occupants This Vehicle (00-96) Code actual number of occupants for this vehicle (97) 97 or more (99) Unknown	0 2	
18. Number of Occupant Forms Submitted	0 2	
VEHICLE WEIGHT ITEMS		25. Front Override/Underride (this Vehicle) 26. Rear Override/Underride (this Vehicle)
19. Vehicle Curb Weight <u>2638</u> Code weight to nearest 100 pounds. (010) Less than 1050 pounds (135) 13,500 pounds or more (999) Unknown	0 2 6 0 0	
Source: _____		
20. Vehicle Cargo Weight Code weight to nearest 100 pounds. (00) Less than 50 pounds (97) 9,650 pounds or more (99) Unknown	9, 6 0 0	
RECONSTRUCTION DATA		Override (see specific CDC) (1) 1st CDC (2) 2nd CDC (3) Other not automated CDC (specify): Underride (see specific CDC) (4) 1st CDC (5) 2nd CDC (6) Other not automated CDC (specify): (7) Medium/heavy truck or bus override (9) Unknown
21. Towed Trailing Unit (0) No towed unit (1) Yes—towed trailing unit (9) Unknown	0	
22. Documentation of Trajectory Data for This Vehicle (0) No (1) Yes	0	
23. Post Collision Condition of Tree or Pole (For Highest Delta V) (0) Not collision (for highest delta V) with tree or pole (1) Not damaged (2) Cracked/sheared (3) Tilted < 45 degrees (4) Tilted ≥ 45 degrees (5) Uprooted tree (6) Separated pole from base (7) Pole replaced (8) Other (specify): (9) Unknown	0	
HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V		Values: (000)-(359) Code actual value (997) Noncollision (998) Impact with object (999) Unknown
27. Heading Angle For This Vehicle	0 9 5	
28. Heading Angle For Other Vehicle	2 6 5	

<p>29. Basis for Total Delta V (highest)</p> <p><i>Delta V Calculated</i></p> <ol style="list-style-type: none"> (1) CRASH program—damage only routine (2) CRASH program—damage and trajectory routine (3) Missing vehicle algorithm <p><i>Delta V Not Calculated</i></p> <ol style="list-style-type: none"> (4) At least one vehicle (which may be this vehicle) is beyond the scope of an acceptable reconstruction program, regardless of collision conditions. (5) All vehicles within scope (CDC applicable) of CRASH program but one of the collision conditions is beyond the scope of the CRASH program or other acceptable reconstruction technique, regardless of adequacy of damage data. (6) All vehicle and collision conditions are within scope of one of the acceptable reconstruction programs, but there is insufficient data available. 	<p>Secondary Highest +/- 04</p> <p>32. Lateral Component of Delta V</p> <p><i>4 Nearest mph</i></p> <p>(NOTE: _00 means greater than -0.5 and less than +0.5 mph) (+97) ± 96.5 mph and above (_99) Unknown</p>
<p>COMPUTER GENERATED DELTA V</p> <p>Secondary Highest 43</p> <p>30. Total Delta V</p> <p><i>43 Nearest mph</i></p> <p>(NOTE: 00 means less than 0.5 mph) (97) 96.5 mph and above (99) Unknown</p>	<p>33. Energy Absorption</p> <p><i>169570 Nearest 100 foot-lbs</i></p> <p>(NOTE: 0000 means less than 50 foot-lbs) (9997) 999,650 foot-lbs or more (9999) Unknown</p>
<p>31. Longitudinal Component of Delta V</p> <p><i>-43 Nearest mph</i></p> <p>(NOTE: _00 means greater than -0.5 and less than +0.5 mph) (+97) ± 96.5 mph and above (_99) Unknown</p>	<p>34. Confidence In Reconstruction Program Results (For Highest Delta V)</p> <p><i>4</i></p> <ol style="list-style-type: none"> (0) No reconstruction (1) Collision fits model — results appear reasonable (2) Collision fits model — results appear high (3) Collision fits model — results appear low (4) Borderline reconstruction — results appear reasonable <p>35. Type of Vehicle Inspection</p> <p><i>1</i></p> <ol style="list-style-type: none"> (0) No inspection (1) Complete inspection (2) Partial inspection (specify): <p>36. Is this an AOPS Vehicle?</p> <p><i>1</i></p> <ol style="list-style-type: none"> (0) No (1) Yes

IS OLDMISS APPLICABLE FOR THIS VEHICLE? YES NO

IF YES: IS A COMPLETED OLDMISS PROGRAM SUMMARY INCLUDED? YES NO

37. Police Reported Other Drug Presence
 (0) No other drugs present
 (1) Yes (other drug present)
 (7) Not reported
 (8) No driver present
 (9) Unknown

38. Police Reported Observation/Perception Test Type For Driver
 (0) No observation/perception test given
 (1) Drug recognition technician (DRT) determination using DEC process
 (2) Behavioral
 (3) Other physical observation/perception determination (specify):
 (4) DEC process available, unknown if determination made
 (5) DEC process not available, unknown if other observation/perception test given
 (7) Other observation/perception test (specify):
 (8) No driver present

39. Other Drug Specimen Test Type For Driver
 (0) No specimen test given
 (1) Blood test
 (2) Urine test
 (3) Other specimen tests (specify):
 (7) Unspecified specimen test
 (8) No driver present
 (9) Unknown if specimen test given

DRUG EVALUATION CLASSIFICATION OTHER DRUGS TEST RESULTS FOR DRIVER

	DEC Observation/ Perception Test Results	Specimen Test Results
Narcotic Drug	40. <input checked="" type="checkbox"/>	41. <input checked="" type="checkbox"/>
Depressant Drug	42. <input type="checkbox"/>	43. <input type="checkbox"/>
Stimulant Drug	44. <input type="checkbox"/>	45. <input type="checkbox"/>
Hallucinogen Drug	46. <input type="checkbox"/>	47. <input type="checkbox"/>
Cannabinoid Drug	48. <input type="checkbox"/>	49. <input type="checkbox"/>
Phencyclidine (PCP)	50. <input type="checkbox"/>	51. <input type="checkbox"/>
Inhalant Drug	52. <input type="checkbox"/>	53. <input type="checkbox"/>
Other Drug (Excluding Nicotine, Aspirin, Alcohol, Drugs Administered Post-Crash)	54. <input checked="" type="checkbox"/>	55. <input checked="" type="checkbox"/>

Codes For Observation/Perception Test Results

- (0) No DEC observation/perception test given
- (1) Passed DEC observation/perception test
- (2) Failed DEC observation/perception test
- (3) DEC observation/perception test given—results unknown
- (8) No driver present
- (9) Unknown if DEC observation/perception test given

Codes for Specimen Test Results

- (0) No specimen test given
- (1) Drug not found in specimen
- (2) Drug found in specimen
- (7) Specimen test given, results unknown or not obtained
- (8) No driver present
- (9) Unknown if specimen test given

OTHER DATA**56. Driver's Zip Code**

- (00000) Driver not present
 (00001) Driver not a resident of U.S. or territories
 _____ Code actual 5-digit zip code
 (99999) Unknown

57. Driver's Race/Ethnic Origin

- (0) Driver not present
 (1) White (non-Hispanic)
 (2) Black (non-Hispanic)
 (3) White (Hispanic)
 (4) Black (Hispanic)
 (5) American Indian, Eskimo or Aleut
 (6) Asian or Pacific Islander
 (8) Other (specify):
 (9) Unknown

58. Vehicle Special Use (This Trip)

- (0) No special use
 (1) Taxi
 (2) Vehicle used as school bus
 (3) Vehicle used as other bus
 (4) Military
 (5) Police
 (6) Ambulance
 (7) Hearse
 (8) Fire truck or car
 (9) Unknown

ROLLOVER DATA

If GV07 (Body Type) ≠ 1-49, leave GV59-GV63 blank.
 If GV24 (Rollover) = 0, then GV59-GV63 must equal 0.
 If GV24 = 9, then GV59-GV63 must equal 9.

59. Rollover Initiation Type

- (0) No rollover
 (1) Trip-over
 (2) Flip-over
 (3) Turn-over
 (4) Climb-over
 (5) Fall-over
 (6) Bounce-over
 (7) Collision with another vehicle
 (8) Other rollover initiation type specify:
 (9) Unknown rollover initiation type

60. Location of Rollover Initiation

- (0) No rollover
 (1) On roadway
 (2) On shoulder—paved
 (3) On shoulder—unpaved
 (4) On roadside or divided trafficway median
 (9) Unknown

61. Rollover Initiation Object Contacted00**62. Location on Vehicle Where Initial Principal Tripping Force Is Applied**0

- (0) No rollover
 (1) Wheels/tires
 (2) Side plane
 (3) End plane
 (4) Undercarriage
 (5) Other location on vehicle (specify):
 (8) Non-contact rollover forces (specify):
 (9) Unknown

63. Direction of Initial Roll0

- (0) No rollover
 (1) Roll right - primarily about the longitudinal axis
 (2) Roll left - primarily about the longitudinal axis
 (5) End-over-end (i.e., primarily about the lateral axis)
 (9) Unknown roll direction

PRECRASH DATA**64. Pre-Event Movement (Prior to Recognition of Critical Event)**01

- (01) Going straight
 (02) Slowing or stopping in traffic lane
 (03) Starting in traffic lane
 (04) Stopped in traffic lane
 (05) Passing or overtaking another vehicle
 (06) Disabled or parked in travel lane
 (07) Leaving a parking position
 (08) Entering a parking position
 (09) Turning right
 (10) Turning left
 (11) Making a U-turn
 (12) Backing up (other than for parking position)
 (13) Negotiating a curve
 (14) Changing lanes
 (15) Merging
 (16) Successful avoidance maneuver to a previous critical event
 (97) Other (specify):
 (98) No driver present
 (99) Unknown

PRECRASH DATA (Continued)**62**
65. Critical Precrash Event*This Vehicle Loss of Control Due To:*

- (01) Blow out or flat tire
- (02) Stalled engine
- (03) Disabling vehicle failure (e.g., wheel fell off) (specify): _____
- (04) Non-disabling vehicle problem (e.g., hood flew up) (specify): _____
- (05) Poor road conditions (puddle, pot hole, ice, etc.) (specify): _____
- (06) Traveling too fast for conditions
- (08) Other cause of control loss (specify): _____
- (09) Unknown cause of control loss

This Vehicle Traveling

- (10) Over the lane line on left side of travel lane
- (11) Over the lane line on right side of travel lane
- (12) Off the edge of the road on the left side
- (13) Off the edge of the road on the right side
- (14) End departure
- (15) Turning left at intersection
- (16) Turning right at intersection
- (17) Crossing over (passing through) intersection
- (19) Unknown travel direction

Other Motor Vehicle In Lane

- (50) Stopped
- (51) Traveling in same direction with lower speed (i.e., lower steady speed or decelerating)
- (52) Traveling in same direction with higher speed
- (53) Traveling in opposite direction
- (54) In crossover
- (55) Backing
- (59) Unknown travel direction of other motor vehicle in lane

Other Motor Vehicle Encroaching Into Lane

- (60) From adjacent lane (same direction)—over left lane line
- (61) From adjacent lane (same direction)—over right lane line
- (62) From opposite direction—over left lane line
- (63) From opposite direction—over right lane line
- (64) From parking lane
- (65) From crossing street, turning into same direction
- (66) From crossing street, across path
- (67) From crossing street, turning into opposite direction
- (68) From crossing street, intended path not known
- (70) From driveway, turning into same direction
- (71) From driveway, across path
- (72) From driveway, turning into opposite direction
- (73) From driveway, intended path not known
- (74) From entrance to limited access highway
- (78) Encroachment by other vehicle—details unknown

Pedestrian or Pedalcyclist, or Other Nonmotorist

- (80) Pedestrian in roadway
- (81) Pedestrian approaching roadway
- (82) Pedestrian—unknown location
- (83) Pedalcyclist or other nonmotorist in roadway (specify): _____
- (84) Pedalcyclist or other nonmotorist approaching roadway (specify): _____
- (85) Pedalcyclist or other nonmotorist—unknown location (specify): _____

Object or Animal

- (87) Animal in roadway
- (88) Animal approaching roadway
- (89) Animal—unknown location
- (90) Object in roadway
- (91) Object approaching roadway
- (92) Object—unknown location
- (98) Other critical precrash event (specify): _____
- (99) Unknown

**For Corrective Actions Attempted see variable GV14
(Attempted Avoidance Maneuver)****66. Precrash Stability After Avoidance Maneuver**

- (0) No avoidance maneuver
- (1) Tracking
- (2) Skidding longitudinally—rotation less than 30 degrees
- (3) Skidding laterally—clockwise rotation
- (4) Skidding laterally—counterclockwise rotation
- (7) Other vehicle loss-of-control (specify): _____
- (8) No driver present
- (9) Precrash stability unknown

67. Precrash Directional Consequences of Avoidance Maneuver (Corrective Action)

- (0) No avoidance maneuver
- (1) Vehicle stayed in travel lane where avoidance maneuver was initiated
- (2) Vehicle stayed on roadway but left travel lane where avoidance maneuver was initiated
- (3) Vehicle stayed on roadway, not known if left travel lane where avoidance maneuver was initiated
- (4) Vehicle departed roadway
- (5) Avoidance maneuver initiated off roadway
- (8) No driver present
- (9) Directional consequences unknown

***** IF THE CDS APPLICABLE VEHICLE WAS NOT INSPECTED (I.E., GV35 = 0), ***
DO NOT COMPLETE THE EXTERIOR AND INTERIOR VEHICLE FORMS.******* IF GV07 DOES NOT EQUAL 01-49, DO NOT COMPLETE ***
THE EXTERIOR VEHICLE, INTERIOR VEHICLE,
OCCUPANT ASSESSMENT, AND OCCUPANT INJURY FORMS.**



GENERAL VEHICLE LOG

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

TO BE COMPLETED BY TEAM	TO BE COMPLETED BY THE ZONE CENTER
1. PSU Number 2. Case Number—Stratum 3. Researcher Completing Form 4. Vehicle Number 5. Vehicle Disposition/Type (1) Towed, CDS applicable (2) Non-towed, CDS applicable (not AOPS) (3) Non-CDS applicable (4) Non-towed AOPS—CDS applicable 6. Reason Vehicle Inspection Not Completed (00) Non-CDS applicable vehicle (01) Complete inspection (02) Partial inspection (03) Vehicle cannot be located (04) Vehicle destroyed (05) Vehicle outside of study area (06) Vehicle impounded (07) Vehicle sold (08) Hit and run vehicle (09) Owner could not be located (10) Owner refusal (11) Insurance company refusal (12) Attorney refusal or litigation (13) Repair or tow facility refusal (14) Stolen (15) Wrong name and address on PAR (16) Caseload / staff turnover (17) Other (specify): _____	<p><u>NCII</u></p> <p><u>92-04</u></p> <p><u>02</u></p> <p><u>1</u></p> <p><u>01</u></p> <p><u>01</u></p> <p><u>01</u></p> <p><u>3</u> <u>4</u> <u>5</u> <u>6</u> <u>7</u> <u>8</u> <u>9</u> <u>10</u> <u>11</u> <u>12</u> <u>13</u> <input type="checkbox"/> <input type="checkbox"/> <u>14</u> <u>15</u> <u>16</u> <u>17</u> <u>18</u> <u>19</u> <u>20</u> <u>21</u> <u>22</u> <u>23</u> <u>24</u> <input type="checkbox"/> <input type="checkbox"/> <u>25</u> <u>26</u> <u>27</u> <u>28</u> <u>29</u> <u>30</u> <u>31</u> <u>32</u> <u>33</u> <u>34</u> <u>35</u> <input type="checkbox"/> <input type="checkbox"/> <u>36</u> <u>37</u> <u>38</u> <u>39</u> <u>40</u> <u>41</u> <u>42</u> <u>43</u> <u>44</u> <u>45</u> <u>46</u> <input type="checkbox"/> <input type="checkbox"/> <u>47</u> <u>48</u> <u>49</u> <u>50</u> <u>51</u> <u>52</u> <u>53</u> <u>54</u> <u>55</u> <u>56</u> <u>57</u> <input type="checkbox"/> <input type="checkbox"/> <u>58</u> <u>59</u> <u>60</u> <u>61</u> <u>62</u> <u>63</u> <u>64</u> <u>65</u> <u>66</u> <u>67</u> <input type="checkbox"/> <input type="checkbox"/> <u>7</u> <u>8</u> <p>Data Status Codes:</p> <p>(Blank) Correct (1) Derived error (2) Non-correctable error (3) Correctable error (4) Change—no error (7) Incorrect edit override (8) MDE error (9) Unknown coded</p> </p>

**IF THIS CDS VEHICLE WAS NOT INSPECTED OR IF THIS WAS NOT A CDS VEHICLE,
DO NOT COMPLETE AN EXTERIOR OR INTERIOR VEHICLE LOG**



**U.S. Department of Transportation
National Highway Traffic Safety
Administration**

EXTERIOR VEHICLE FORM

**NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM**

1. Primary Sampling Unit Number	<u>NC 51</u>	3. Vehicle Number	<u>02</u>
2. Case Number - Stratum	<u>42-04</u>		

VEHICLE IDENTIFICATION

VIN LG LT53T 2 [REDACTED]

Model Year 92

Vehicle Make (specify): CHEVROLET

Vehicle Model (specify): CORSICA LT

LOCATOR

Locate the end of the damage with respect to the vehicle longitudinal center line or bumper corner for end impacts or an undamaged axle for side impacts.

Specific Impact No.	Location of Direct Damage	Location of Field L
1	SIMBA FL CNR	ENTIRE FRONTAL PLANE
2	SIMBA FL CNR	UNKNOWN

CRUSH PROFILE

NOTES: Identify the plane at which the C-measurements are taken (e.g., at bumper, above bumper, at sill, above sill, etc.) and label adjustments (e.g., free space).

Measure and document on the vehicle diagram the location of maximum crush.

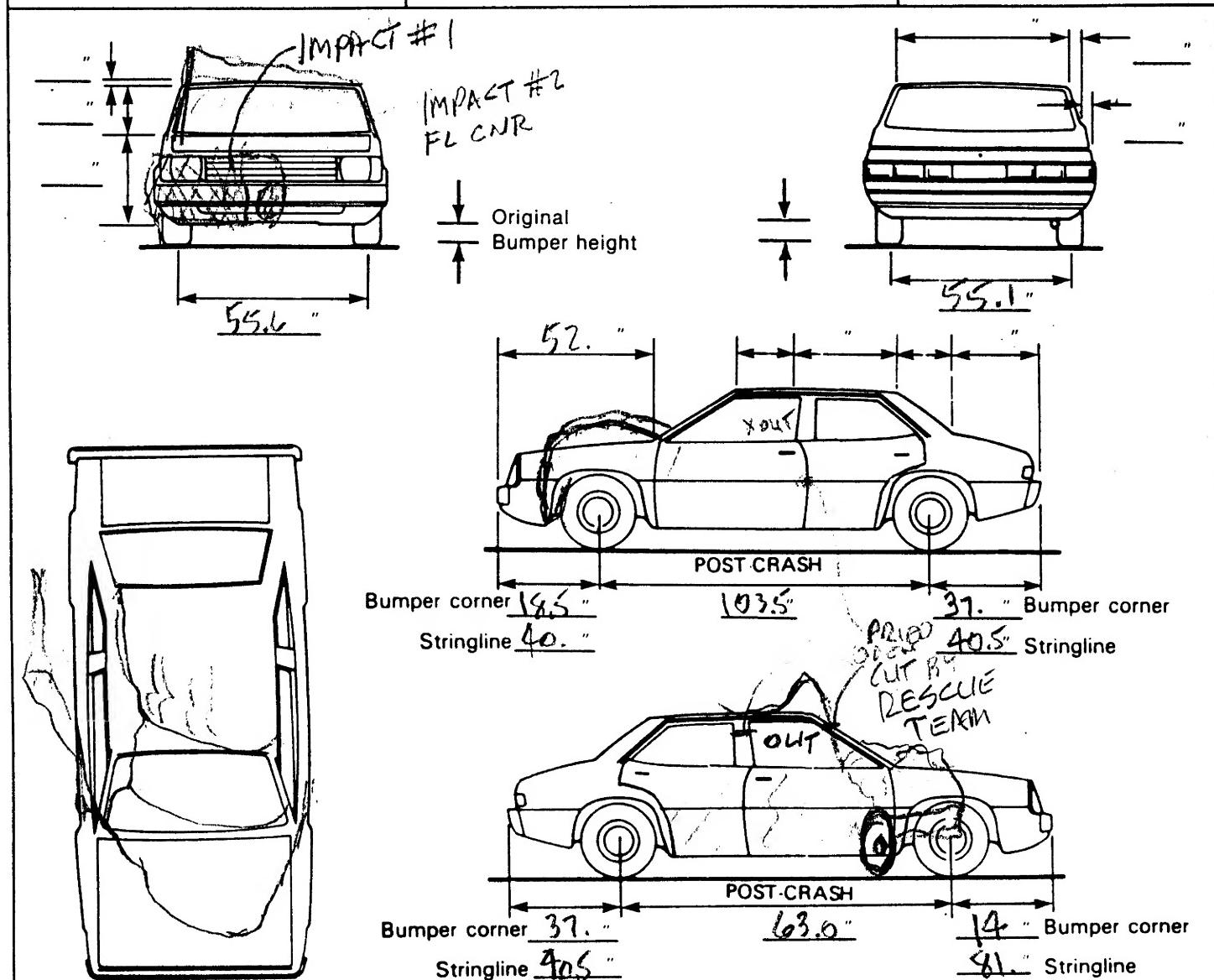
Measure C1 to C6 from driver to passenger side in front or rear impacts and rear to front in side impacts.

Free space value is defined as the distance between the baseline and the original body contour taken at the individual C locations. This may include the following: bumper lead, bumper taper, side protrusion, side taper, etc. Record the value for each C-measurement and maximum crush.

Use as many lines/columns as necessary to describe each damage profile.

VEHICLE DAMAGE SKETCH

TIRE—WHEEL DAMAGE		ORIGINAL SPECIFICATIONS		WHEEL STEER ANGLES (For locked front wheels or displaced rear axles only)	
a. Rotation physically restricted	b. Tire deflated	Wheelbase	103.4	RF ± 6.0 °	
RF 1	RF 1	Overall Length	183.4	LF ± _____ °	
LF 1	LF 2	Maximum Width	68.2	RR ± _____ °	
RR 2	RR 2	Curb Weight	2638.	LR ± _____ °	
LR 2	LR 2	Average Track	55.35	Within ± 5 degrees	
(1) Yes (2) No (8) NA (9) Unk.		Front Overhang	37.8	DRIVE WHEELS	
		Rear Overhang	40.9	<input checked="" type="checkbox"/> FWD <input type="checkbox"/> RWD <input type="checkbox"/> 4WD	
TYPE OF TRANSMISSION		Engine Size: cyl./displ.	4/3.1L	Approximate Cargo Weight _____	
<input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic		Undeformed End Width	52.0		



NOTES: Sketch new perimeter and cross hatch direct damage and single hatch induced damage on all views. Annotate observations which might be useful in reconstructing the accident (e.g., grass in tire bead, direction of striations, scuff on sidewalls, etc.). If pulling trailer, sketch type of trailer and damage received on the back of this page.

Annotate any damage caused by extrication such as component removal by torching, prying, or hydraulic shears.

COLLISION DEFORMATION CLASSIFICATION

HIGHEST DELTA "V"

Accident Event Sequence Number	Object Contacted	(1) (2) Direction of Force	(3) Deformation Location	(4) Longitudinal or Lateral Location	(5) Vertical or Lateral Location	(6) Type of Damage Distribution	(7) Deformation Extent
4. <u>O 1</u>	5. <u>O 1</u>	6. <u>L L</u>	7. <u>E</u>	8. <u>D</u>	9. <u>E</u>	10. <u>V</u>	11. <u>O 6</u>

Second Highest Delta "V"

12. O 2 13. O 3 14. O 1 15. E 16. L 17. E 18. E 19. O 3

CRUSH PROFILE

The crush profile for the damage described in the CDC(s) above should be documented in the appropriate space below. (ALL MEASUREMENTS ARE IN INCHES.)

HIGHEST DELTA "V"

20.	21.	22.					
<u>L</u>	<u>C₁</u>	<u>C₂</u>	<u>C₃</u>	<u>C₄</u>	<u>C₅</u>	<u>C₆</u>	<u>± D</u>
<u>052</u>	<u>14</u>	<u>21</u>	<u>30</u>	<u>37</u>	<u>44</u>	<u>60</u>	<u>+/- 000</u>

Second Highest Delta "V"

23.	24.	25.					
<u>L</u>	<u>C₁</u>	<u>C₂</u>	<u>C₃</u>	<u>C₄</u>	<u>C₅</u>	<u>C₆</u>	<u>± D</u>
<u>-----</u>	<u>-----</u>	<u>-----</u>	<u>-----</u>	<u>-----</u>	<u>-----</u>	<u>-----</u>	<u>+/- -----</u>

26. Are CDCs Documented but Not Coded on The Automated File?
 (0) No
 (1) Yes

0

27. Researcher's Assessment of Vehicle Disposition
 (0) Not towed due to vehicle damage
 (1) Towed due to vehicle damage
 (9) Unknown

1

28. Original Wheelbase Code to the nearest tenth of an inch
 (9999) Unknown

103.4

<p>29. Is This A Multi-Stage Manufactured Vehicle And/Or A Certified Altered Vehicle? <u>0</u></p> <p>(0) No post manufacturer modifications (1) Yes - post manufacturer modifications (specify): _____ (Include photograph of CERTIFICATION PLACARD in case report) (9) Unknown if vehicle is modified</p> <p>30. Fire Occurrence <u>0</u></p> <p>(0) No fire Yes, fire occurred (1) Minor (2) Major (9) Unknown</p>	<p>31. Origin of Fire <u>2</u></p> <p>(0) No fire (1) Vehicle exterior (front, side, back, top) (2) Exhaust system (3) Fuel tank (and other fuel retention system parts) (4) Engine compartment (5) Cargo/trunk compartment (6) Instrument panel (7) Passenger compartment area (8) Other location (specify): _____ (9) Unknown</p> <p>32. Type of Fuel Tank <u>2</u></p> <p>(0) No fuel tank (electrical vehicle) (1) Metallic (2) Non-metallic (9) Unknown</p>
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*** STOP: IF THE CDS APPLICABLE VEHICLE WAS NOT TOWED AND WAS NOT AN AOPS ***
(I.E., GV09=0 OR 9 AND GV36=0), DO NOT COMPLETE THE INTERIOR VEHICLE FORM.



EXTERIOR VEHICLE LOG

TO BE COMPLETED BY TEAM																							
1. PSU Number	NCST																						
2. Case Number—Stratum	92-04																						
3. Researcher Completing Form																							
4. Vehicle Number	02																						
5. Date Vehicle Inspected	192																						
TO BE COMPLETED BY ZONE CENTER																							
6. Assessment of Complexity of Inspection (1) Level 1 - No measurements required (e.g., vehicle repaired or measurements not obtainable)																							
<i>Level 2</i> (2) Routine (3) Difficult																							
7. Applicable Precrash Measurements (0) Not applicable (1) Substandard (2) Standard (3) Above standard																							
8. Impact Damage Documentation (0) Not applicable (1) Substandard (2) Standard (3) Above standard																							
9. Quality Of Vehicle Damage Sketch (0) Not applicable (e.g., repaired vehicle) (1) Substandard (2) Standard (3) Above standard																							
10. Exterior Slides Subject Quality (0) Not applicable (1) Substandard (2) Standard (3) Above standard																							
11. Exterior Slides Quality (0) Not applicable (1) Substandard (2) Standard (3) Above standard																							
12. Primary Error Source (Vehicle Plane) (0) No error (1) Front (2) Side (left or right) (3) Back (rear) (4) Top (5) Undercarriage (8) Other (specify): _____																							
13. Number of Coded CDCs (0,1,2) _____ 14. Number of Coded Crush Profiles (0,1,2) _____																							
DATA STATUS OF VARIABLE NUMBERS 4-32																							
Highest CDC																							
4	5	6	7	8	9	10	11																
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Secondary CDC																							
12	13	14	15	16	17	18	19																
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Highest Crush Profile																							
20	21	22																					
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Secondary Crush Profile																							
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26	27	28	29	30	31	32																	
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Data Status Codes:																							
(Blank) Correct (1) Derived error (2) Non-correctable error (3) Correctable error (4) Change—no error (5) Sequencing error (7) Incorrect edit override (8) MDE error (9) Unknown coded																							

IF THIS VEHICLE WAS NOT TOWED (I.E., GV09 ≠ 1), DO NOT COMPLETE THE
INTERIOR VEHICLE LOG



INTERIOR VEHICLE FORM

1. Primary Sampling Unit Number NC SI

2. Case Number - Stratum 92-04

3. Vehicle Number 02

INTEGRITY

4. Passenger Compartment Integrity 98

(00) No integrity loss

Yes, Integrity Was Lost Through

- (01) Windshield
- (02) Door (side)
- (03) Door/hatch (back door)
- (04) Roof
- (05) Roof glass
- (06) Side window
- (07) Rear window (backlight)
- (08) Roof and roof glass
- (09) Windshield and door (side)
- (10) Windshield and roof
- (11) Side and rear window (side window and backlight)
- (12) Windshield and side window
- (13) Door and side window
- (98) Other combination of above (specify): 01, 04, 06
- (99) Unknown

Door, Tailgate or Hatch Opening

5. LF 3 6. RF 3 7. LR 1 8. RR 9 9. TG/H _____

- (0) No door/gate/hatch
- (1) Door/gate/hatch remained closed and operational
- (2) Door/gate/hatch came open during collision
- (3) Door/gate/hatch jammed shut
- (8) Other (specify): _____
- (9) Unknown

Damage/Failure Associated with Door, Tailgate or Hatch Opening in Collision. If IV05-IV09 ≠ 2, Then code 0

10. LF 0 11. RF 0 12. LR 0 13. RR 0 14. TG/H 0

- (0) No door/gate/hatch or door not opened

Door, Tailgate or Hatch Came Open During Collision

- (1) Door operational (no damage)
- (2) Latch/striker failure due to damage
- (3) Hinge failure due to damage
- (4) Door structure failure due to damage
- (5) Door support (i.e., pillar, sill, roof side rail, etc.) failure due to damage
- (6) Latch/striker and hinge failure due to damage
- (8) Other failure (specify): _____
- (9) Unknown

GLAZING

Glazing Damage from Impact Forces

15. WS 3 16. LF 6 17. RF 6 18. LR 0 19. RR 0
20. BL 0 21. Roof 3 22. Other 0

- (0) No glazing damage from impact forces
- (1) Glazing in place and cracked from impact forces
- (2) Glazing in place and holed from impact forces
- (3) Glazing out-of-place (cracked or not) and not holed from impact forces
- (4) Glazing out-of-place and holed from impact forces
- (5) Glazing disintegrated from impact forces
- (7) Glazing removed prior to accident
- (8) No glazing
- (9) Unknown if damaged

Glazing Damage from Occupant Contact

23. WS 0 24. LF 0 25. RF 9 26. LR 0 27. RR 0
28. BL 0 29. Roof 0 30. Other 0

- (0) No occupant contact to glazing or no glazing
- (1) Glazing contacted by occupant but no glazing damage
- (2) Glazing in place and cracked by occupant contact
- (3) Glazing in place and holed by occupant contact
- (4) Glazing out-of-place (cracked or not) by occupant contact and not holed by occupant contact
- (5) Glazing out-of-place by occupant contact and holed by occupant contact
- (6) Glazing disintegrated by occupant contact
- (9) Unknown if contacted by occupant

If No Glazing Damage And No Occupant Contact or No Glazing, Then Code IV31 Through IV46 As 0

Type of Window/Windshield Glazing

31. WS 1 32. LF 1 33. RF 1 34. LR 0 35. RR 0
36. BL 0 37. Roof 0 38. Other 0

- (0) No glazing contact and no damage, or no glazing
- (1) AS-1 — Laminated
- (2) AS-2 — Tempered
- (3) AS-3 — Tempered-tinted
- (4) AS-14 — Glass/Plastic
- (8) Other (specify): _____
- (9) Unknown

Window Precrash Glazing Status

39. WS 1 40. LF 2 41. RF 2 42. LR 0 43. RR 0
44. BL 0 45. Roof 0 46. Other 0

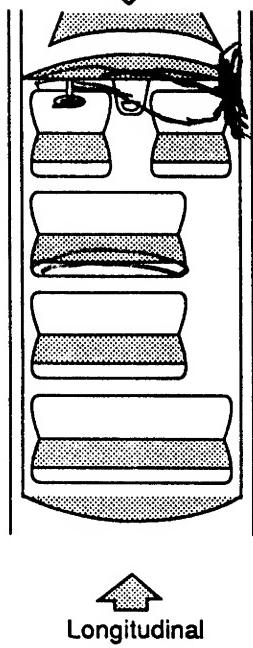
- (0) No glazing contact and no damage, or no glazing
- (1) Fixed
- (2) Closed
- (3) Partially opened
- (4) Fully opened
- (9) Unknown

INTRUSION WORKSHEET

TOP
VIEW

Longitudinal

Lateral

LEFT SIDE
VIEW

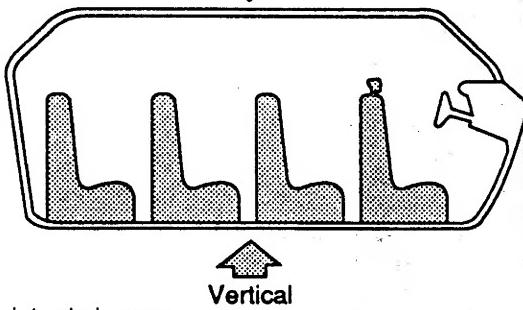
Vertical

Longitudinal

RIGHT SIDE
VIEW

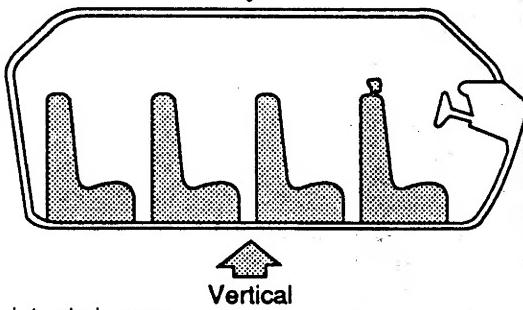
Vertical

Longitudinal



Longitudinal

Longitudinal



Note: Sketch intruded areas

LOCATION OF INTRUSION	INTRUDED COMPONENT	COMPARISON VALUE	-	INTRUDED VALUE	=	INTRUSION	DOMINANT CRUSH DIRECTION
13	R-DASH	64.5	-	42.5	=	22.	2 LONG
13	C-DASH	60.	-	48.0	=	12.	5 LONG
11	L-DASH	60.	-	52.25	=	7.75	8 LONG
13	A-Pillar ^{Lower}	61.0	-	34.5	=	26.5	1 LONG.
13	TOE PAN	22.5	-	0.5	=	22.	3 LONG
13	WS HEADER	50.	-	39.0	=	11.	4 LONG
13	WINDSHIELD	61.0	-	46.25	=	14.75	4 LONG
11	STRAIGHT	154.	-	51.0	=	3.0	LONG
12	WS	63.0	-	55.5	=	7.5	9 LONG
12	WS MIRROR	54.0	-	50.25	=	3.75.	LONG
22	ST BAR	0	-	7.0	=	7.	10 L
21	0	-	6.0	=	6.	11
23	0	-	5.5	=	5.5	11
11	THE PAN	20.5	-	14.75	=	5.75	11
13	SIDE PAN	26.0	-	16.0	=	10.	7 LAT

OCCUPANT AREA INTRUSION

Note: If no intrusions, leave variables IV47-IV86 blank.

	Location of Intrusion	Intruding Component	Magnitude of Intrusion	Dominant Crush Direction
1st	47. <u>1</u> <u>3</u>	48. <u>0</u> <u>6</u>	49. <u>6</u>	50. <u>2</u>
2nd	51. <u>1</u> <u>3</u>	52. <u>0</u> <u>4</u>	53. <u>5</u>	54. <u>2</u>
3rd	55. <u>1</u> <u>3</u>	56. <u>0</u> <u>5</u>	57. <u>5</u>	58. <u>2</u>
4th	59. <u>1</u> <u>3</u>	60. <u>1</u> <u>4</u>	61. <u>4</u>	62. <u>2</u>
5th	63. <u>1</u> <u>3</u>	64. <u>0</u> <u>3</u>	65. <u>4</u>	66. <u>2</u>
6th	67. <u>1</u> <u>3</u>	68. <u>1</u> <u>5</u>	69. <u>3</u>	70. <u>2</u>
7th	71. <u>1</u> <u>3</u>	72. <u>2</u> <u>7</u>	73. <u>3</u>	74. <u>3</u>
8th	75. <u>1</u> <u>1</u>	76. <u>0</u> <u>2</u>	77. <u>3</u>	78. <u>2</u>
9th	79. <u>1</u> <u>2</u>	80. <u>1</u> <u>4</u>	81. <u>3</u>	82. <u>2</u>
10th	83. <u>2</u> <u>2</u>	84. <u>2</u> <u>0</u>	85. <u>3</u>	86. <u>2</u>

LOCATION OF INTRUSION

Front Seat
 (11) Left
 (12) Middle
 (13) Right

Fourth Seat
 (41) Left
 (42) Middle
 (43) Right

Second Seat
 (21) Left
 (22) Middle
 (23) Right

(97) Catastrophic
 (98) Other enclosed area (specify)

Third Seat
 (31) Left
 (32) Middle
 (33) Right

(99) Unknown

INTRUDING COMPONENT

Interior Components

- (01) Steering assembly
- (02) Instrument panel left
- (03) Instrument panel center
- (04) Instrument panel right
- (05) Toe pan
- (06) A-pillar
- (07) B-pillar
- (08) C-pillar
- (09) D-pillar
- (10) Door panel (side)
- (12) Roof (or convertible top)
- (13) Roof side rail
- (14) Windshield
- (15) Windshield header
- (16) Window frame
- (17) Floor pan (includes sill)
- (18) Backlight header
- (19) Front seat back
- (20) Second seat back
- (21) Third seat back
- (22) Fourth seat back
- (23) Fifth seat back
- (24) Seat cushion
- (25) Back door/panel (e.g., tailgate)
- (26) Other interior component (specify):

- (27) Side panel - forward of the A-pillar
- (28) Side panel - rear of the A-pillar

Exterior Components

- (30) Hood
- (31) Outside surface of this vehicle (specify):
- (32) Other exterior object in the environment (specify):
- (33) Unknown exterior object
- (97) Catastrophic
- (98) Intrusion of unlisted component(s) (specify):
- (99) Unknown

MAGNITUDE OF INTRUSION

- (1) ≥ 1 inch but < 3 inches
- (2) ≥ 3 inches but < 6 inches
- (3) ≥ 6 inches but < 12 inches
- (4) ≥ 12 inches but < 18 inches
- (5) ≥ 18 inches but < 24 inches
- (6) ≥ 24 inches
- (7) Catastrophic
- (9) Unknown

DOMINANT CRUSH DIRECTION

- (1) Vertical
- (2) Longitudinal
- (3) Lateral
- (7) Catastrophic
- (9) Unknown

STEERING COLUMN**87. Steering Column Type**

- (1) Fixed column
 (2) Tilt column
 (3) Telescoping column
 (4) Tilt and telescoping column
 (8) Other column type (specify):

(9) Unknown

2

92. Steering Rim/Spoke Deformation

- Code actual measured deformation to the nearest inch.
 (0) No steering rim deformation
 (1-5) Actual measured value
 (6) 6 inches or more
 (8) Observed deformation cannot be measured
 (9) Unknown

0

88. Blank

(This variable is left blank so that numbering consistency can be maintained with the 1988-91 CDS.)

X X**89. Blank**

(This variable is left blank so that numbering consistency can be maintained with the 1988-91 CDS.)

X X X**90. Blank**

(This variable is left blank so that numbering consistency can be maintained with the 1988-91 CDS.)

X X X**91. Blank**

(This variable is left blank so that numbering consistency can be maintained with the 1988-91 CDS.)

X X X**93. Location of Steering Rim/Spoke Deformation**

- (00) No steering rim deformation

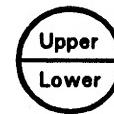
0 0

Quarter Sections

- (01) Section A
 (02) Section B
 (03) Section C
 (04) Section D

*Half Sections*

- (05) Upper half of rim/spoke
 (06) Lower half of rim/spoke
 (07) Left half of rim/spoke
 (08) Right half of rim/spoke
 (09) Complete steering wheel collapse
 (10) Undetermined location
 (99) Unknown

**INSTRUMENT PANEL****94. Odometer Reading**004,000

4045.5 miles—Code mileage to the nearest 1,000 miles

- (000) No odometer
 (001) Less than 1,500 miles
 (300) 299,500 miles or more
 (999) Unknown

Source: _____

95. Instrument Panel Damage from Occupant Contact?

- (0) No
 (1) Yes
 (9) Unknown

1

96. Knee Bolsters Deformed from Occupant Contact?

- (0) No
 (1) Yes
 (8) Not present
 (9) Unknown

2

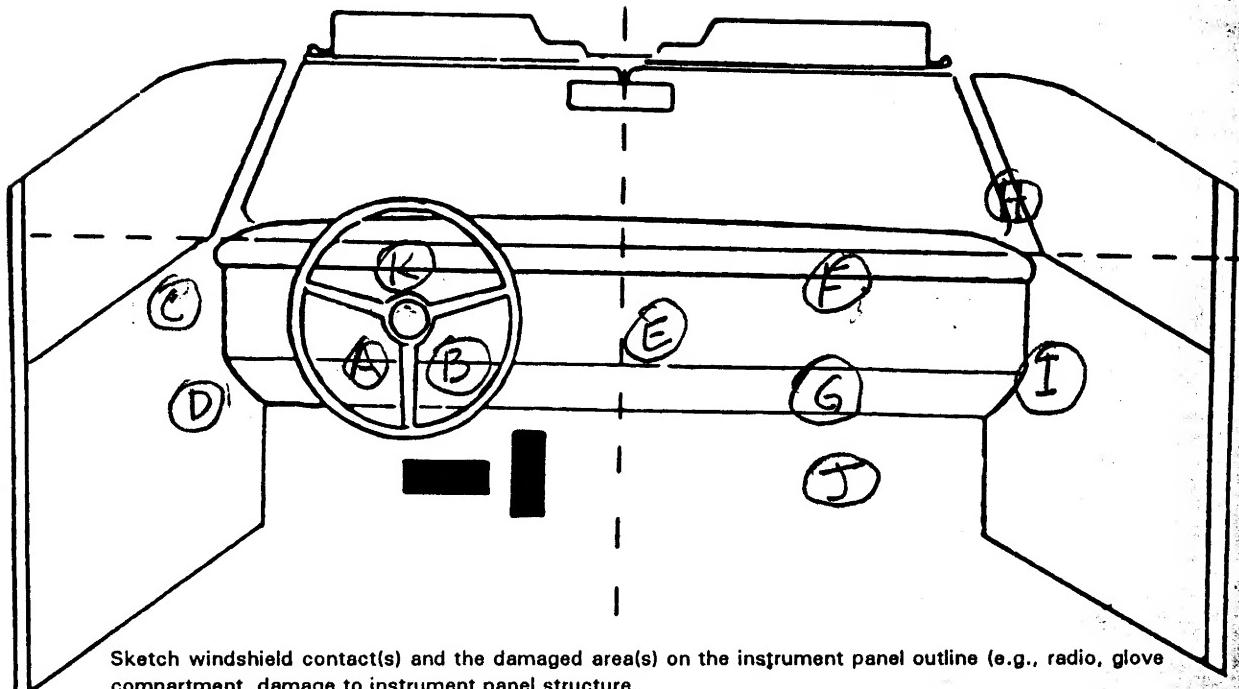
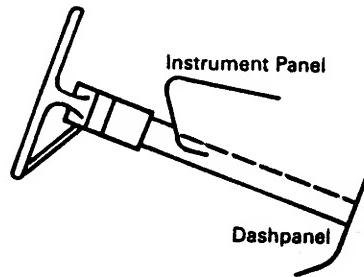
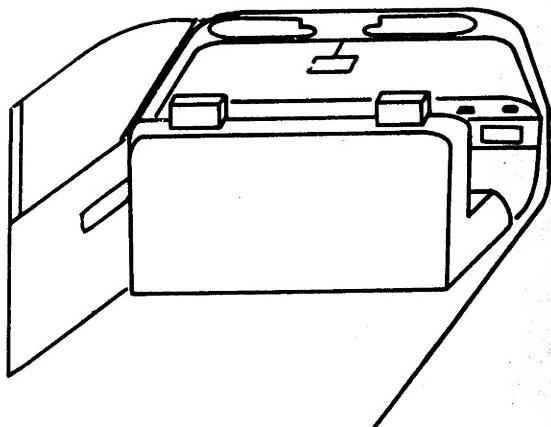
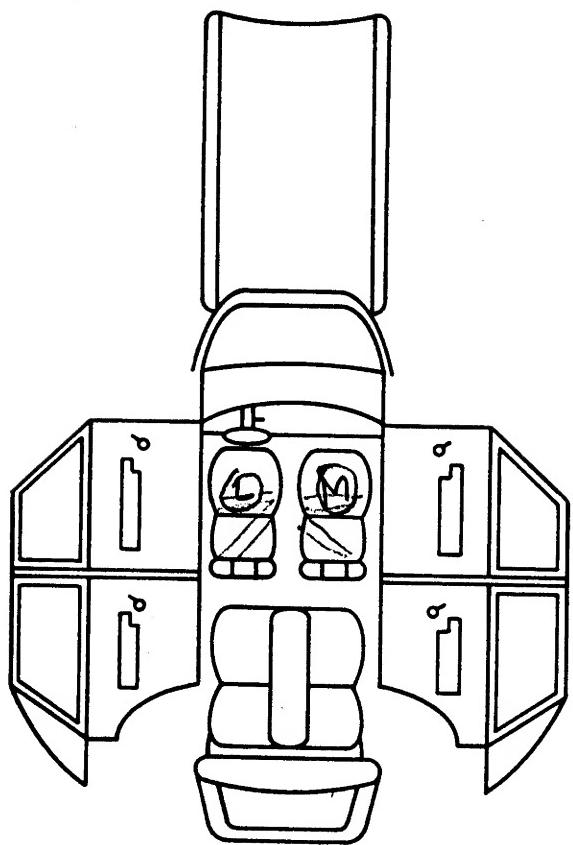
97. Did Glove Compartment Door Open During Collision(s)?

- (0) No
 (1) Yes
 (8) Not present
 (9) Unknown

1

VEHICLE INTERIOR SKETCHES

Note area of ejection/entrapment



Sketch windshield contact(s) and the damaged area(s) on the instrument panel outline (e.g., radio, glove compartment, damage to instrument panel structure). Cross hatch contact points, draw spider webs or use other annotation as may be appropriate. Annotate the contacted area with a letter (begin with A) and list on the Points of Occupant Contact page.

POINTS OF OCCUPANT CONTACT

Contact	Interior Component Contacted	Occupant No. If Known	Body Region If Known	Supporting Physical Evidence	Confidence Level of Contact Point
A	09	01	K	CLOTH TRANSFERS	1
B	09	01	K	" "	1
C	20	01	V	DENT	1
D	20	01	U	TRANSFER	1
E	10	02	U	HAIR/SMUDGES	1
F	11	02	C	INTRUDED - TRANSFERS	1
G	12	02	U	BLOOD - DENTED	1
H	32	02	U	TRANSFERS DENTS	1
I	31	02	U	CLOTH TRANSFERS	1
J	56	02	U	INTRUDED	1
K	45	01	F	LIPSTICK - BLOOD	1
L	41	01	U	CUT FOR EXTRICATION	1
M	41	62	U	" " " "	1
N					

CODES FOR INTERIOR COMPONENTS

FRONT

- (01) Windshield
- (02) Mirror
- (03) Sunvisor
- (04) Steering wheel rim
- (05) Steering wheel hub/spoke
- (06) Steering wheel (combination of codes 04 and 05)
- (07) Steering column, transmission selector lever, other attachment
- (08) Add on equipment (e.g., CB, tape deck, air conditioner)
- (09) Left instrument panel and below
- (10) Center instrument panel and below
- (11) Right instrument panel and below
- (12) Glove compartment door
- (13) Knee bolster
- (14) Windshield including one or more of the following: front header, A-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (15) Windshield including one or more of the following: front header, A-pillar, instrument panel, or mirror (passenger side only)
- (16) Other front object (specify): _____

LEFT SIDE

- (20) Left side interior surface, excluding hardware or armrests
- (21) Left side hardware or armrest
- (22) Left A pillar
- (23) Left B pillar
- (24) Other left pillar (specify): _____
- (25) Left side window glass or frame

- (26) Left side window glass including one or more of the following: frame, window sill, A pillar, B pillar, or roof side rail.
- (27) Other left side object (specify): _____

- (28) Left side window sill

RIGHT SIDE

- (30) Right side interior surface, excluding hardware or armrests
- (31) Right side hardware or armrest
- (32) Right A pillar
- (33) Right B pillar
- (34) Other right pillar (specify): _____
- (35) Right side window glass or frame
- (36) Right side window glass including one or more of the following: frame, window sill, A pillar, B pillar, or roof side rail.
- (37) Other right side object (specify): _____
- (38) Right side window sill

INTERIOR

- (40) Seat, back support
- (41) Belt restraint webbing/buckle
- (42) Belt restraint B-pillar attachment point
- (43) Other restraint system component (specify): _____
- (44) Head restraint system
- (45) Air bag
- (46) Other occupants (specify): _____
- (47) Interior loose objects

- (48) Child safety seat (specify): _____

- (49) Other interior object (specify): _____

ROOF

- (50) Front header
- (51) Rear header
- (52) Roof left side rail
- (53) Roof right side rail
- (54) Roof or convertible top

FLOOR

- (56) Floor (including toe pan)
- (57) Floor or console mounted transmission lever, including console
- (58) Parking brake handle
- (59) Foot controls including parking brake

REAR

- (60) Backlight (rear window)
- (61) Backlight storage rack, door, etc.
- (62) Other rear object (specify): _____

CONFIDENCE LEVEL OF CONTACT POINT

- (1) Certain
- (2) Probable
- (3) Possible
- (9) Unknown

AUTOMATIC RESTRAINTS

NOTES: Encode the data for each applicable front seat position. The attribute for the variables may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

AIR BAGS

F		Left	Right
I R S T	Availability/Function	1	0
	Deployment	1	0
	Failure	1	0

Air Bag System Availability/Function

- (0) Not equipped/not available
- (1) Air bag

Non-functional

- (2) Air bag disconnected (specify): _____
- (3) Air bag not reinstalled
- (9) Unknown

Air Bag System Deployment

- (0) Not equipped/not available
- (1) Air bag deployed during accident (as a result of impact)
- (2) Air bag deployed inadvertently just prior to accident
- (3) Air bag deployed, accident sequence undetermined
- (4) Nondeployed
- (5) Unknown if deployed
- (6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
- (9) Unknown

Did Air Bag System Fail?

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify): _____

- (9) Unknown

AUTOMATIC BELTS

		Left	Right
F I R S T	Availability/Function		
	Use		
	Type		
	Proper Use		
	Failure Modes		

Automatic (Passive) Belt System Availability/Function

- (0) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

Automatic (Passive) Belt System Use

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative)
- (3) Automatic belt use unknown
- (9) Unknown

Automatic (Passive) Belt System Type

- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

Proper Use of Automatic (Passive) Belt System

- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
- (4) Automatic shoulder belt worn behind back
- (5) Automatic belt worn around more than one person
- (6) Lap portion of automatic belt worn on abdomen
- (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify): _____
- (8) Other improper use of automatic belt system (specify): _____

- (9) Unknown

Automatic (Passive) Belt Failure Modes During Accident

- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____
- (6) Broken retractor
- (7) Combination of above (specify): _____
- (8) Other automatic belt failure (specify): _____
- (9) Unknown

MANUAL RESTRAINTS

NOTES: Encode the applicable data for each seat position in the vehicle. The attribute for the variable may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

If a Child safety seat is present, encode the data on the back of this page.

If the vehicle has automatic restraints available, encode the appropriate data on the back of the previous page.

		Left	Center	Right
F I R S T	Availability	4	0	4
	Use	04	00	01
	Failure Modes	1	0	0
S E C O N D	Availability	4	3	1
	Use	00	00	00
	Failure Modes	0	0	0
T H I R D	Availability			
	Use			
	Failure Modes			
O T H E R	Availability			
	Use			
	Failure Modes			

Manual (Active) Belt System Availability

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available - type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)

(8) Other belt (specify): _____

(9) Unknown _____

Manual (Active) Belt System Use

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperable (specify): _____
- (02) Shoulder belt
- (03) Lap belt
- (04) Lap and shoulder belt
- (05) Belt used - type unknown

(08) Other belt used (specify): _____

- (12) Shoulder belt used with child safety seat
- (13) Lap belt used with child safety seat
- (14) Lap and shoulder belt used with child safety seat
- (15) Belt used with child safety seat - type unknown
- (18) Other belt used with child safety seat (specify): _____
- (99) Unknown if belt used

Manual (Active) Belt Failure Modes During Accident

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____
- (6) Broken retractor
- (7) Combination of above (specify): _____
- (8) Other manual belt failure (specify): _____
- (9) Unknown

HEAD RESTRAINTS/SEAT EVALUATION

NOTES: Encode the applicable data for each seat position in the vehicle. The attribute for these variables may be found at the bottom of the page. Head restraint type/damage and seat type/performance should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

		Left	Center	Right
F I R S T	Head Restraint Type/Damage	3	0	3 (N02)
	Seat Type	01	00	01 CUP
	Seat Performance	1	0	4 B7
	Seat Orientation	1	0	EX P7
S E C O N D	Head Restraint Type/Damage	0	0	0
	Seat Type	03	03	03
	Seat Performance	6	6	6
	Seat Orientation	1	1	1
T H I R D	Head Restraint Type/Damage			
	Seat Type			
	Seat Performance			
	Seat Orientation			
O T H E R	Head Restraint Type/Damage			
	Seat Type			
	Seat Performance			
	Seat Orientation			

Head Restraint Type/Damage by Occupant at This Occupant Position

- (0) No head restraints
- (1) Integral — no damage
- (2) Integral — damaged during accident
- (3) Adjustable — no damage
- (4) Adjustable — damaged during accident
- (5) Add-on — no damage
- (6) Add-on — damaged during accident
- (8) Other Specify:

- (9) Unknown

Seat Performance (this Occupant Position)

- (0) No seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks or "seat back" failed
specify:

- (4) Seat tracks/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify):

- (7) Combination of above (specify):

- (8) Other (specify):

- (9) Unknown

Seat Type (this Occupant Position)

- (00) No seat
- (01) Bucket
- (02) Bucket with folding back
- (03) Bench
- (04) Bench with separate back cushions
- (05) Bench with folding back(s)
- (06) Split bench with separate back cushions
- (07) Split bench with folding back(s)
- (08) Pedestal (i.e., column supported)
- (09) Other seat type (specify):

- (10) Box mounted seat (i.e., van type)
- (99) Unknown

Seat Orientation (this Occupant Position)

- (0) No seat
- (1) Forward facing seat
- (2) Rear facing seat
- (3) Side facing seat (inward)
- (4) Side facing seat (outward)
- (8) Other (specify):

- (9) Unknown

DESCRIBE ANY INDICATION OF ABNORMAL OCCUPANT POSTURE (I.E., UNUSUAL OCCUPANT CONTACT PATTERN)

EJECTION/ENTRAPMENT DATA

Complete the following if the researcher has any indication that an occupant was either ejected from or entrapped in the vehicle. Code the appropriate data on the Occupant Assessment Form.

EJECTION No [] Yes []

Describe indications of ejection and body parts involved in partial ejection(s):

Occupant Number						
Ejection						
(Note on Vehicle Interior Sketch) Ejection Area						
Ejection Medium						
Medium Status						

Ejection (1) Complete ejection (1) Partial ejection (3) Ejection, Unknown degree (9) Unknown	(7) Roof (8) Other area (e.g., back of pickup, etc.) (specify): <hr/> (9) Unknown	(5) Integral structure (8) Other medium (specify): <hr/> (9) Unknown
Ejection Area (1) Windshield (2) Left front (3) Right front (4) Left rear (5) Right rear (6) Rear	Ejection Medium (1) Door/hatch/tailgate (2) Nonfixed roof structure (3) Fixed glazing (4) Nonfixed glazing (specify): <hr/>	Medium Status (Immediately Prior to Impact) (1) Open (2) Closed (3) Integral structure (9) Unknown

ENTRAPMENT No [] Yes []

Describe entrapment mechanism: (12 - DASH + RF DOOR)

Component(s): _____

(Note in vehicle interior diagram)



INTERIOR VEHICLE LOG

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

TO BE COMPLETED BY TEAM				DATA STATUS OF VARIABLE NUMBERS 4-97										
1. PSU Number <u>NCSI</u> 2. Case Number—Stratum <u>9704</u> 3. Researcher Completing Form _____ 4. Vehicle Number <u>02</u>				Integrity 4 5 6 7 8 9 10 11 12 13 14 <input type="checkbox"/> <input type="checkbox"/>										
TO BE COMPLETED BY ZONE CENTER 5. Assessment of Complexity of Interior Vehicle Inspection (1) Level 1 - Interior inaccessible or repaired <i>Level 2</i> (2) Routine (3) Difficult 6. Documentation Of Integrity _____ 7. Documentation Of Glazing _____ 8. Documentation of Intrusions _____ 9. Documentation of Steering Column/Wheel _____ 10. Documentation of Occupant Contacts _____ 11. Documentation of Restraint Systems _____ 12. Documentation of Seats _____ 13. Interior Slides Subject Quality _____ 14. Interior Slides Quality _____ Codes For Log Variables 6-14 (0) Not applicable (1) Substandard (2) Standard (3) Above Standard 15. Number of Coded Intrusions _____				Glazing 15 16 17 18 19 20 21 22 23 24 25 <input type="checkbox"/> <input type="checkbox"/> 26 27 28 29 30 31 32 33 34 35 36 <input type="checkbox"/> <input type="checkbox"/> 37 38 39 40 41 42 43 44 45 46 <input type="checkbox"/> <input type="checkbox"/> Intrusion 47 48 49 50 51 52 53 54 55 56 57 <input type="checkbox"/> <input type="checkbox"/> 58 59 60 61 62 63 64 65 66 67 68 <input type="checkbox"/> <input type="checkbox"/> 69 70 71 72 73 74 75 76 77 78 79 <input type="checkbox"/> <input type="checkbox"/> 80 81 82 83 84 85 86 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>										
				Steering Column/Wheel and Instrument Panel 87 88 89 90 91 92 93 94 95 96 97 <input type="checkbox"/> XX <input type="checkbox"/> XX <input type="checkbox"/> XX <input type="checkbox"/> XX <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>										
				Data Status Codes: (Blank) Correct (1) Derived error (2) Non-correctable error (3) Correctable error (4) Change—no error (5) Sequencing error (7) Incorrect edit override (8) MDE error (9) Unknown coded										



INTERVIEW FORM

1. Primary Sampling Unit Number	<u>NC SI</u>	Interviewee(s) Role or Name(s): <u>FRIEND OF</u>
2. Case Number - Stratum	<u>92 04</u>	<u>DRIVER & RF OCCUPANT</u>
3. Vehicle Number	<u>02</u>	

Review the Interview Cue Sheet prior to conducting interview(s) to ensure the acquisition of all pertinent data.

GENERAL DESCRIPTION OF ACCIDENT SEQUENCE

NOT SURE OF ACCIDENT DETAILS -

SPECIFIC QUESTIONS

Key to Researcher: Have you obtained the following through the interviewee(s) description and specific questions?

- | | | |
|---|--|--|
| <input type="checkbox"/> PRE-CRASH, AT IMPACT vehicle travel/driver intention | <input type="checkbox"/> Speed estimate (precrash/at impact) | <input type="checkbox"/> Previous vehicle damage |
| <input type="checkbox"/> Direction of travel | <input type="checkbox"/> Post-impact trajectory | <input type="checkbox"/> Glazing type |
| <input type="checkbox"/> Avoidance maneuvers | <input type="checkbox"/> Door status (precrash/postcrash) | <input type="checkbox"/> Vehicle glazing status |
| <input type="checkbox"/> Impact description/orientation | <input type="checkbox"/> Final rest position | <input type="checkbox"/> PAR clarifications |
| | | <input type="checkbox"/> Glove box status |

Cargo? No Yes Interviewee's Estimated Cargo Weight UNIC

Description of Cargo LUGGAGE

Present Location of Vehicle (if not yet inspected)?:

OCCUPANT DATA

Enter the occupant's seat position in the first row and complete the column below it using the information from the interviewee(s).

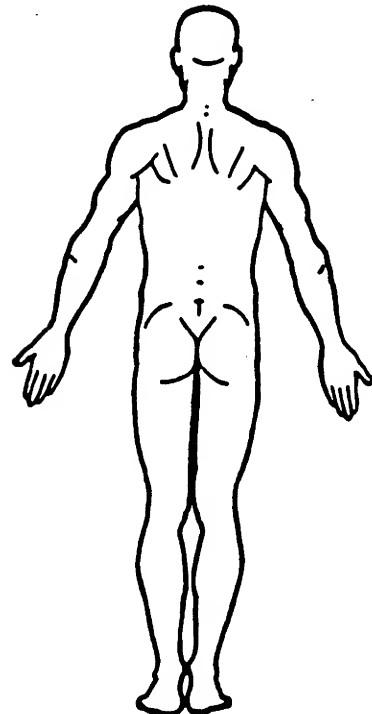
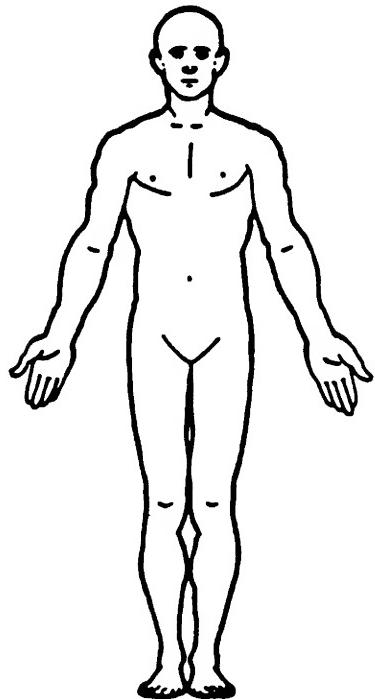
SEAT POSITION	DRIVER	RF		
RACE? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	WHITE	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX
AGE/SEX	52/F	73/M		
HEIGHT (IN)	5'	6'		
WEIGHT (LBS.)	130	2875		
POSTURE	UNK	UNK		
EJECTED? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	UNK	UNK		
DESCRIBE THE EJECTION PATH				
ENTRAPPED? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	UNK	UNK		
DESCRIBE ENTRAPMENT				
DESCRIBE TYPE OF RESTRAINT	UNK	UNK		
WERE BELTS WORN? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	UNK	UNK		
HOW WHERE THE BELTS WORN?				
DESCRIBE ANY RESTRAINT FAILURES	UNK	UNK		
TYPE OF TREATMENT	Hosp.	φ		
NAME OF TREATMENT FACILITY	UNK			
DAYS IN HOSPITAL?	UNK			
NO. OF LOST WORK DAYS?	UNK			
FOLLOW-UP TREATMENT	UNK			
WOULD YOU SIGN A MEDICAL RELEASE?				

PSU Number NCSF Case Number—Stratum 9254 Vehicle Number 02 Occupant Number 01

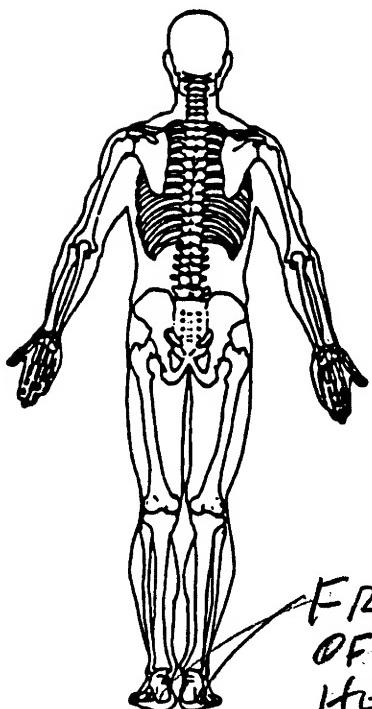
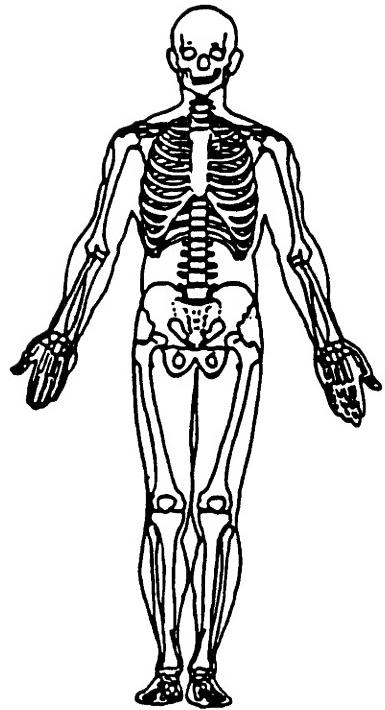
INJURY DATA FROM INTERVIEWEE(S)

Indicate the *Location, Lesion, Detail, and Source* of all injuries. Specify interviewee(s): FRIEND

SOFT TISSUE/INTERNAL INJURIES



SKELETAL INJURIES



*FRACTURES
OF BOTH
HEELS
FLOOR*

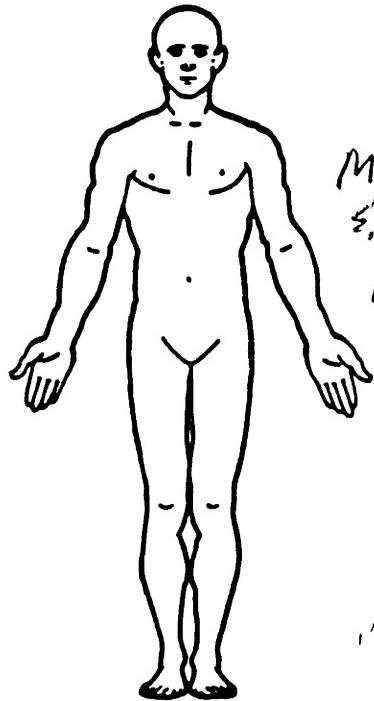
The space provided on the back of this page may be used to document injuries noted by the interviewee(s).

PSU Number NCICase Number-Stratum 92 04Vehicle Number 02Occupant Number 01

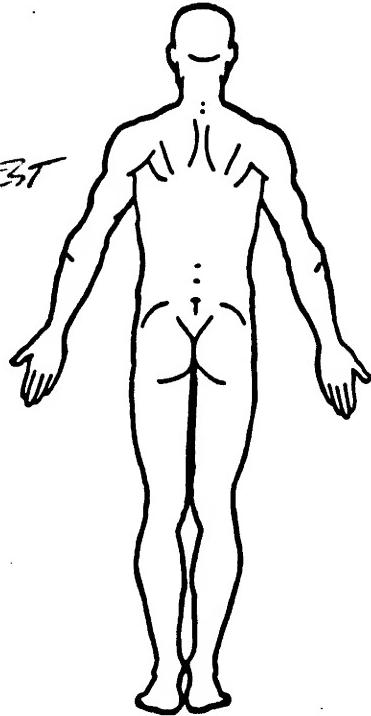
INJURY DATA FROM INTERVIEWEE(S)

Indicate the *Location, Lesion, Detail, and Source* of all injuries. Specify interviewee(s): FRIEND

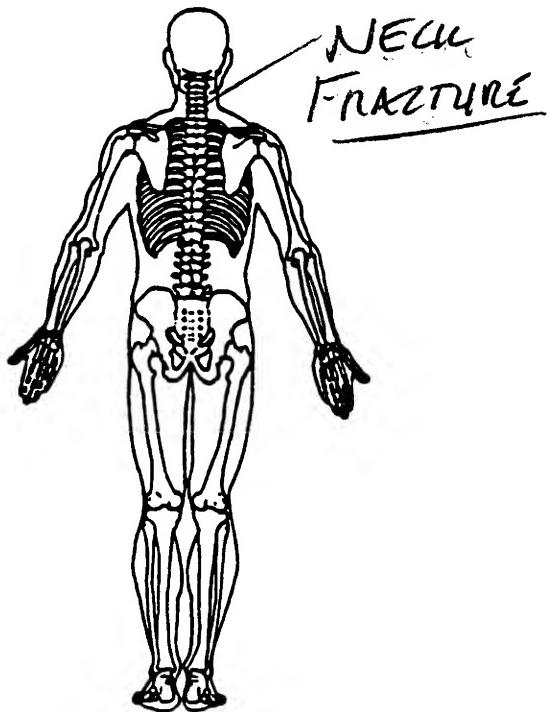
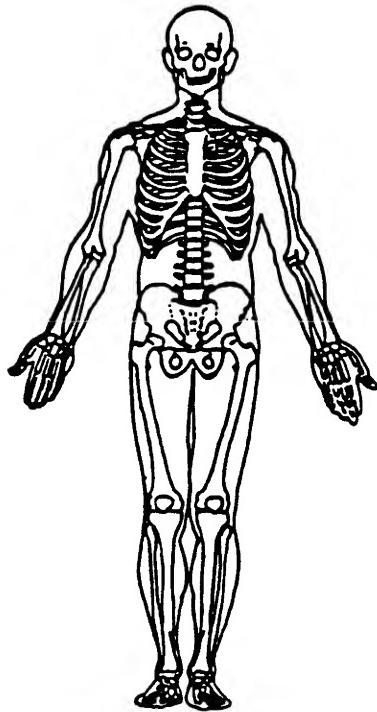
SOFT TISSUE/INTERNAL INJURIES



MASSIVE CHEST
& INTERNAL
INJURIES



SKELETAL INJURIES



The space provided on the back of this page may be used to document injuries noted by the interviewee(s).



OCCUPANT ASSESSMENT FORM

1. Primary Sampling Unit Number NC51

2. Case Number - Stratum 9201

3. Vehicle Number 02

4. Occupant Number 01

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age 52

Code actual age at time of accident.

(00) Less than one year old (specify by month):

(97) 97 years and older
(99) Unknown

6. Occupant's Sex 2

(1) Male
(2) Female
(9) Unknown

7. Occupant's Height 67

Code actual height to the nearest inch.

(99) Unknown

8. Occupant's Weight 130

Code actual weight to the nearest pounds.

(999) Unknown

9. Occupant's Role 1

(1) Driver
(2) Passenger
(9) Unknown

10. Occupant's Seat Position 11

Front Seat

(11) Left side
(12) Middle
(13) Right side
(14) Other (specify):
(15) On or in the lap of another occupant

Second Seat

(21) Left side
(22) Middle
(23) Right side
(24) Other (specify):
(25) On or in the lap of another occupant

Third Seat

(31) Left side
(32) Middle
(33) Right side
(34) Other (specify):
(35) On or in the lap of another occupant

Fourth Seat

(41) Left side
(42) Middle
(43) Right side
(44) Other (specify):
(45) On or in the lap of another occupant

(97) In or on unenclosed area

(98) Other seat (specify):
(99) Unknown

11. Occupant Posture 9

(0) Normal posture
(1) Abnormal posture (specify):

(9) Unknown

EJECTION/ENTRAPMENT

12. Ejection 0

(0) No ejection
(1) Complete ejection
(2) Partial ejection
(3) Ejection, unknown degree
(9) Unknown

13. Ejection Area 0

(0) No ejection
(1) Windshield
(2) Left front
(3) Right front
(4) Left rear
(5) Right rear
(6) Rear
(7) Roof
(8) Other area (e.g., back of pickup, etc.)
(specify):
(9) Unknown

14. Ejection Medium 0

(0) No ejection
(1) Door/hatch/tailgate
(2) Nonfixed roof structure
(3) Fixed glazing
(4) Nonfixed glazing (specify):
(5) Integral structure
(8) Other medium (specify):
(9) Unknown

15. Medium Status (Immediately Prior To Impact) 0

(0) No ejection
(1) Open
(2) Closed
(3) Integral structure
(9) Unknown

16. Entrapment 0

(NOTE: Entrapped means that part of the person was in the vehicle and mechanically restrained; jammed doors and immobilizing injuries by themselves are not sufficient to constitute entrapment.)
(0) Not entrapped
(1) Entrapped
(9) Unknown

National Accident Sampling System-Crashworthiness Data System: Occupant Assessment Form

Page 2

RESTRAINT SYSTEM AND SEAT EVALUATION

17. Manual (Active) Belt System Availability

- (0) None available
 (1) Belt removed/destroyed
 (2) Shoulder belt
 (3) Lap belt
 (4) Lap and shoulder belt
 (5) Belt available—type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
 (7) Lap belt (shoulder belt destroyed/removed)

(8) Other belt (specify): _____

(9) Unknown _____

18. Manual (Active) Belt System Use

- (00) None used, not available, or belt removed/destroyed
 (01) Inoperative (specify): _____

(02) Shoulder belt _____

(03) Lap belt _____

(04) Lap and shoulder belt _____

(05) Belt used—type unknown _____

(08) Other belt used (specify): _____

(12) Shoulder belt used with child safety seat _____

(13) Lap belt used with child safety seat _____

(14) Lap and shoulder belt used with child safety seat _____

(15) Belt used with child safety seat—type unknown _____

(18) Other belt used with child safety seat (specify): _____

(99) Unknown if belt used _____

19. Proper Use of Manual (Active) Belts

- (0) None used or not available
 (1) Belt used properly
 (2) Belt used properly with child safety seat

Belt Used Improperly

- (3) Shoulder belt worn under arm
 (4) Shoulder belt worn behind back or seat
 (5) Belt worn around more than one person
 (6) Lap belt worn on abdomen
 (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): _____

(8) Other improper use of manual belt system (specify): _____

(9) Unknown _____

20. Manual (Active) Belt Failure Modes During Accident

- (0) No manual belt used
 (1) No manual belt failure(s)
 (2) Torn webbing (stretched webbing not included)
 (3) Broken buckle or latchplate
 (4) Upper anchorage separated
 (5) Other anchorage separated (specify): _____
 (6) Broken retractor _____
 (7) Combination of above (specify): _____

(8) Other manual belt failure (specify): _____

(9) Unknown _____

21. Air Bag System Availability/Function

- (0) Not equipped/not available
 (1) Air bag

Non-functional

- (2) Air bag disconnected (specify): _____
 (3) Air bag not reinstalled
 (9) Unknown

22. Air Bag System Deployment

- (0) Not equipped/not available
 (1) Air bag deployed during accident (as a result of impact)
 (2) Air bag deployed inadvertently just prior to accident
 (3) Air bag deployed, accident sequence undetermined
 (4) Nondeployed
 (5) Unknown if deployed
 (6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
 (9) Unknown

23. Did Air Bag System Fail?

- (0) Not equipped/not available
 (1) No
 (2) Yes (specify): _____
 (9) Unknown

Note: See Variables 44 through 48 (Page 5) for Information on Automatic Belts

24. Police Reported Restraint Use

- (0) None used
 (1) Police did not indicate restraint use
 (2) Shoulder belt
 (3) Lap belt
 (4) Lap and shoulder belt
 (5) Belt used, type not specified
 (6) Child safety seat
 (7) Other or automatic restraint (specify): _____
 (8) Restrained, type unknown
 (9) Police indicated "unknown"

25. Head Restraint Type/Damage by Occupant at This Occupant Position

- (0) No head restraints
 (1) Integral—no damage
 (2) Integral—damaged during accident
 (3) Adjustable—no damage
 (4) Adjustable—damaged during accident
 (5) Add-on—no damage
 (6) Add-on—damaged during accident
 (8) Other (specify): _____
 (9) Unknown

<p>26. Seat Type (this Occupant Position) <u>01</u></p> <p>(00) Occupant not seated or no seat (01) Bucket (02) Bucket with folding back (03) Bench (04) Bench with separate back cushions (05) Bench with folding back(s) (06) Split bench with separate back cushions (07) Split bench with folding back(s) (08) Pedestal (i.e., column supported) (09) Other seat type (specify): _____ (10) Box mounted seat (i.e., van type) (99) Unknown</p> <p>27. Seat Performance (this Occupant Position) <u>1</u></p> <p>(0) Occupant not seated or no seat (1) No seat performance failure(s) (2) Seat adjusters failed (3) Seat back folding locks or "seat back" failed (4) Seat track/anchors failed (5) Deformed by impact of occupant (6) Deformed by passenger compartment intrusion (specify): _____ (7) Combination of above (specify): _____ (8) Other (specify): _____ (9) Unknown</p>	<p>30. Child Safety Seat Orientation _____</p> <p>(00) No child safety seat <i>Designed for Rear Facing for This Age/Weight</i> (01) Rear facing (02) Forward facing (08) Other orientation (specify): _____ (09) Unknown orientation <i>Designed For Forward Facing for This Age/Weight</i> (11) Rear facing (12) Forward facing (18) Other orientation (specify): _____ (19) Unknown orientation <i>Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight</i> (21) Rear facing (22) Forward facing (28) Other orientation (specify): _____ (29) Unknown orientation (99) Unknown if child safety seat used</p>
<p>CHILD SAFETY SEAT</p> <p>28. Child Safety Seat Make/Model _____</p> <p>(000) No child safety seat Applicable codes are found in your NASS CDS Data Collection, Coding and Editing (950) Built-in child safety seat (997) Other make/model (specify): _____ (998) Unknown make/model (999) Unknown if child safety seat used</p> <p>29. Type of Child Safety Seat _____</p> <p>(0) No child safety seat (1) Infant seat (2) Toddler seat (3) Convertible seat (4) Booster seat (7) Other type child safety seat (specify): _____ (8) Unknown child safety seat type (9) Unknown if child safety seat used</p>	<p>31. Child Safety Seat Harness Usage _____</p> <p>32. Child Safety Seat Shield Usage _____</p> <p>33. Child Safety Seat Tether Usage Note: Options below applicable to Variables OA31-OA33. (00) No child safety seat <i>Not Designed With Harness/Shield/Tether</i> (01) After market harness/shield/tether added, not used (02) After market harness/shield/tether used (03) Child safety seat used, but no after market harness/shield/tether added (09) Unknown if harness/shield/tether added or used <i>Designed With Harness/Shield/Tether</i> (11) Harness/shield/tether not used (12) Harness/shield/tether used (19) Unknown if harness/shield/tether used <i>Unknown If Designed With Harness/Shield/Tether</i> (21) Harness/shield/tether not used (22) Harness/shield/tether used (29) Unknown if harness/shield/tether used (99) Unknown if child safety seat used</p>

INJURY CONSEQUENCES**34. Injury Severity (Police Rating)**

- (0) O - No injury
 (1) C - Possible injury
 (2) B - Nonincapacitating injury
 (3) A - Incapacitating injury
 (4) K - Killed
 (5) U - Injury, severity unknown
 (6) Died prior to accident
 (9) Unknown

3**38. Working Days Lost**

- 99
 _____ Code the number of days (up through 60) that the occupant lost from work due to the accident
 (00) No working days lost
 (61) 61 days or more
 (62) Fatally injured
 (97) Not working prior to accident
 (99) Unknown

39. Time to Death

- 00
 _____ Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)
 (00) Not fatal
 (96) Fatal - ruled disease
 (99) Unknown

Nonfatal

- (3) Hospitalization
 (4) Transported and released
 (5) Treatment at scene - nontransported
 (6) Treatment later
 (8) Treatment - other (specify):
 (9) Unknown

3**40. 1st Medically Reported Cause of Death**00**41. 2nd Medically Reported Cause of Death**00**42. 3rd Medically Reported Cause of Death**00

- _____ Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death
 (00) Not fatal or no additional causes
 (97) Other result (specify):
 (99) Unknown

43. Number of Recorded Injuries for This Occupant02

- _____ Code the actual number of injuries recorded for this occupant.
 (00) No recorded injuries
 (97) Injured, details unknown
 (99) Unknown if injured

36. Type Of Medical Facility (for Initial Treatment)2

- (0) Not treated at a medical facility
 (1) Trauma center
 (2) Hospital
 (3) Medical clinic
 (4) Physician's office
 (5) Treatment later at medical facility
 (8) Other (specify):
 (9) Unknown

99**37. Hospital Stay**

- (00) Not Hospitalized
 _____ Code the number of days (up through 60) that the occupant stayed in hospital.
 (61) 61 days or more
 (99) Unknown

AUTOMATIC BELT SYSTEM**44. Automatic (Passive) Belt System Availability/**

Function

- (0) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

45. Automatic (Passive) Belt System Use

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify):

- (3) Automatic belt use unknown
- (9) Unknown

46. Automatic (Passive) Belt System Type

- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

47. Proper Use of Automatic (Passive Belt System)

- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
- (4) Automatic shoulder belt worn behind back
- (5) Automatic belt worn around more than one person
- (6) Lap portion of automatic belt worn on abdomen
- (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify):
- (8) Other improper use of automatic belt system (specify):
- (9) Unknown

48. Automatic (Passive) Belt Failure Modes

During Accident

- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):

- (6) Broken retractor

- (7) Combination of above (specify):
- (8) Other automatic belt failure (specify):

- (9) Unknown

49. Seat Orientation (this Occupant Position)

- (0) Occupant not seated or no seat
- (1) Forward facing seat
- (2) Rear facing seat
- (3) Side facing seat (inward)
- (4) Side facing seat (outward)
- (8) Other (specify):

- (9) Unknown

TRAUMA DATA**50. Glasgow Coma Scale (GCS) Score**

- 97*
- (at Medical Facility)
 - (00) Not injured
 - (01) Injured - not treated at medical facility
 - (02) No GCS Score at medical facility
 - (03-15) Code the actual value of the initial GCS Score recorded at medical facility.
 - (97) Injured, details unknown
 - (99) Unknown if injured

51. Was the Occupant Given Blood?

- 9*
- (1) No - blood not given
 - (2) Yes - blood given
(specify units):
 - (9) Unknown if blood given

52. Arterial Blood Gases (ABG) - HCO₃

- 97*
- (00) Not injured
 - (01) Injured, ABGs not measured or reported
 - (02-50) Code the actual value of the HCO₃
 - (96) ABGs reported, HCO₃ unknown
 - (97) Injured, details unknown
 - (99) Unknown if injured

UPDATE CANDIDATE? NO [] YES []

OCCUPANT INJURY FORM INCLUDED WITH INITIAL SUBMISSION? NO [] YES []

*** STOP HERE ***
**IF THERE ARE NO RECORDED INJURIES
(I.E., OA43 = 00,97,99)**



OCCUPANT ASSESSMENT LOG

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

TO BE COMPLETED BY TEAM

1. PSU Number NCII
2. Case Number—Stratum 9204
3. Researcher Completing Form
4. Vehicle Number 02
5. Occupant Number 01
6. Interviewer Number
7. Date Interview Completed / / 1
8. Occupant's Role
 - (1) Driver
 - (2) Passenger
 - (3) Unknown
9. Interviewee For This Occupant 3
 - (0) No interview
 - (1) Same person

Surrogate

 - (2) Other occupant
 - (3) Relative or friend
 - (4) Multiple interviewees from above categories
(specify): _____
10. Manner Of Interview 1
 - (0) No attempt
 - (1) Telephone
 - (2) In-person
 - (3) Questionnaire
 - (9) Unknown (for Zone Center use only)
11. Result Of Last Interview Attempt 12
 - (01) Unable to contact or locate
 - (02) Hit and run
 - (03) Fatal—surrogate not available
 - (04) In intensive care—surrogate not available
 - (05) Out-of-state resident
 - (06) Refused interview
 - (07) Insurance company refusal
 - (08) Attorney refusal or litigation
 - (09) No return of questionnaire
 - (10) Other (specify): _____
 - (11) Return of completed questionnaire
 - (12) Partial interview
 - (13) Complete interview
12. Injury Treatment Status 3
 - (0) No treatment
 - (1) Fatal—died before hospitalization
 - (2) Fatal—died after hospitalization
 - (3) Hospitalization
 - (4) Emergency room treatment only
 - (5) Treatment at physician's office
 - (6) Treatment at scene or self treatment
 - (7) Outpatient surgery
 - (8) Transported—unknown level of treatment
 - (9) Unknown

13. Injury Information

Official

- a. Autopsy (invasive examination)
- b. Post-ER medical record which includes information about death based on non-invasive examination
- c. Admission record/summary of admission/discharge face sheet
- d. Discharge summary
- e. Operative report
- f. Radiographic record(s) post ER visit
- g. History and physical examination and/or consultation records
- h. Emergency room records
- i. Radiographic record(s) associated with ER visit
- j. Private physician

Unofficial

- k. Lay coroner
- l. EMS record
- m. Interviewee
- n. Other source (specify): B
- o. Police report B

(See reverse side of this page for codes for variable 13)

14. Medical Facility Code

TO BE COMPLETED BY ZONE CENTER

15. Documentation of Occupant Interview (Excludes Injury Data)

- (0) Not applicable
- (1) Substandard
- (2) Standard
- (3) Above Standard

DATA STATUS OF VARIABLE NUMBERS 4-52

4	5	6	7	8	9	10	11	12	13	14
15	16	17	18	19	20	21	22	23	24	25
26	27	28	29	30	31	32	33	34	35	36
37	38	39	40	41	42	43	44	45	46	47
48	49	50	51	52						

Data Status Codes:

- | | |
|---------------------------|-----------------------------|
| (Blank) Correct | (5) Sequencing error |
| (1) Derived error | (7) Incorrect edit override |
| (2) Non-correctable error | (8) MDE error |
| (3) Correctable error | (9) Unknown coded |
| (4) Change—no error | |



OCCUPANT ASSESSMENT FORM

1. Primary Sampling Unit Number	<u>NC SI</u>
2. Case Number - Stratum	<u>92 04</u>
3. Vehicle Number	<u>02</u>
4. Occupant Number	<u>02</u>

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age Code actual age at time of accident. (00) Less than one year old (specify by month): (97) 97 years and older (99) Unknown	<u>73</u>
6. Occupant's Sex (1) Male (2) Female (9) Unknown	<u>1</u>
7. Occupant's Height Code actual height to the nearest inch. (99) Unknown	<u>73</u>
8. Occupant's Weight Code actual weight to the nearest pounds. (999) Unknown	<u>205</u>
9. Occupant's Role (1) Driver (2) Passenger (9) Unknown	<u>2</u>
10. Occupant's Seat Position <i>Front Seat</i> (11) Left side (12) Middle (13) Right side (14) Other (specify): (15) On or in the lap of another occupant	<u>13</u>
<i>Second Seat</i> (21) Left side (22) Middle (23) Right side (24) Other (specify): (25) On or in the lap of another occupant	
<i>Third Seat</i> (31) Left side (32) Middle (33) Right side (34) Other (specify): (35) On or in the lap of another occupant	
<i>Fourth Seat</i> (41) Left side (42) Middle (43) Right side (44) Other (specify): (45) On or in the lap of another occupant	
(97) In or on unenclosed area (98) Other seat (specify): (99) Unknown	

11. Occupant Posture (0) Normal posture (1) Abnormal posture (specify): (9) Unknown	<u>9</u>
EJECTION/ENTRAPMENT	
12. Ejection (0) No ejection (1) Complete ejection (2) Partial ejection (3) Ejection, unknown degree (9) Unknown	<u>0</u>
13. Ejection Area (0) No ejection (1) Windshield (2) Left front (3) Right front (4) Left rear (5) Right rear (6) Rear (7) Roof (8) Other area (e.g., back of pickup, etc.) (specify): (9) Unknown	<u>0</u>
14. Ejection Medium (0) No ejection (1) Door/hatch/tailgate (2) Nonfixed roof structure (3) Fixed glazing (4) Nonfixed glazing (specify): (5) Integral structure (8) Other medium (specify): (9) Unknown	<u>0</u>
15. Medium Status (Immediately Prior To Impact) (0) No ejection (1) Open (2) Closed (3) Integral structure (9) Unknown	<u>0</u>
16. Entrapment (NOTE: Entrapped means that part of the person was in the vehicle and mechanically restrained; jammed doors and immobilizing injuries by themselves are not sufficient to constitute entrapment.) (0) Not entrapped (1) Entrapped (9) Unknown	<u>1</u>

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RESTRAINT SYSTEM AND SEAT EVALUATION

- 17. Manual (Active) Belt System Availability** 4
- (0) None available
 - (1) Belt removed/destroyed
 - (2) Shoulder belt
 - (3) Lap belt
 - (4) Lap and shoulder belt
 - (5) Belt available—type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)

(8) Other belt (specify): _____

(9) Unknown _____

- 18. Manual (Active) Belt System Use** 04
- (00) None used, not available, or belt removed/destroyed
 - (01) Inoperative (specify): _____

(02) Shoulder belt _____

(03) Lap belt _____

(04) Lap and shoulder belt _____

(05) Belt used—type unknown _____

(08) Other belt used (specify): _____

(12) Shoulder belt used with child safety seat _____

(13) Lap belt used with child safety seat _____

(14) Lap and shoulder belt used with child safety seat _____

(15) Belt used with child safety seat—type unknown _____

(18) Other belt used with child safety seat (specify): _____

(99) Unknown if belt used _____

- 19. Proper Use of Manual (Active) Belts** 1

(0) None used or not available _____

(1) Belt used properly _____

(2) Belt used properly with child safety seat _____

Belt Used Improperly

(3) Shoulder belt worn under arm _____

(4) Shoulder belt worn behind back or seat _____

(5) Belt worn around more than one person _____

(6) Lap belt worn on abdomen _____

(7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): _____

(8) Other improper use of manual belt system (specify): _____

(9) Unknown _____

- 20. Manual (Active) Belt Failure Modes** 1

During Accident

- (0) No manual belt used
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____

(6) Broken retractor _____

(7) Combination of above (specify): _____

(8) Other manual belt failure (specify): _____

(9) Unknown _____

- 21. Air Bag System Availability/Function** Q

- (0) Not equipped/not available
- (1) Air bag

Non-functional

- (2) Air bag disconnected (specify): _____
- (3) Air bag not reinstalled _____
- (9) Unknown _____

- 22. Air Bag System Deployment** Q

- (0) Not equipped/not available
- (1) Air bag deployed during accident (as a result of impact)
- (2) Air bag deployed inadvertently just prior to accident
- (3) Air bag deployed, accident sequence undetermined
- (4) Nondeployed
- (5) Unknown if deployed
- (6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
- (9) Unknown

- 23. Did Air Bag System Fail?** Q

- (0) Not equipped/not available
- (1) No _____
- (2) Yes (specify): _____

- (9) Unknown _____

Note: See Variables 44 through 48 (Page 5) for Information on Automatic Belts

- 24. Police Reported Restraint Use** 5

- (0) None used
- (1) Police did not indicate restraint use
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt used, type not specified
- (6) Child safety seat
- (7) Other or automatic restraint (specify): _____
- (8) Restrained, type unknown
- (9) Police indicated "unknown"

- 25. Head Restraint Type/Damage by Occupant** 3

at This Occupant Position

- (0) No head restraints *LIT BY
RESCUE*
- (1) Integral—no damage
- (2) Integral—damaged during accident *REIN*
- (3) Adjustable—no damage
- (4) Adjustable—damaged during accident
- (5) Add-on—no damage
- (6) Add-on—damaged during accident
- (8) Other (specify): _____

- (9) Unknown _____

26. Seat Type (this Occupant Position) *O*
- (00) Occupant not seated or no seat
 - (01) Bucket
 - (02) Bucket with folding back
 - (03) Bench
 - (04) Bench with separate back cushions
 - (05) Bench with folding back(s)
 - (06) Split bench with separate back cushions
 - (07) Split bench with folding back(s)
 - (08) Pedestal (i.e., column supported)
 - (09) Other seat type (specify): _____

 - (10) Box mounted seat (i.e., van type)
 - (99) Unknown

27. Seat Performance (this Occupant Position) *4*
- (0) Occupant not seated or no seat
 - (1) No seat performance failure(s)
 - (2) Seat adjusters failed
 - (3) Seat back folding locks or "seat back" failed
 - (4) Seat track/anchors failed
 - (5) Deformed by impact of occupant
 - (6) Deformed by passenger compartment intrusion (specify): _____

 - (7) Combination of above (specify): _____
 - (8) Other (specify): _____
 - (9) Unknown

CHILD SAFETY SEAT

28. Child Safety Seat Make/Model _____
- (000) No child safety seat
Applicable codes are found in your NASS CDS Data Collection, Coding and Editing
 - (950) Built-in child safety seat
 - (997) Other make/model (specify): _____

 - (998) Unknown make/model
 - (999) Unknown if child safety seat used

29. Type of Child Safety Seat _____
- (0) No child safety seat
 - (1) Infant seat
 - (2) Toddler seat
 - (3) Convertible seat
 - (4) Booster seat
 - (7) Other type child safety seat (specify): _____

 - (8) Unknown child safety seat type
 - (9) Unknown if child safety seat used

30. Child Safety Seat Orientation _____
- (00) No child safety seat
Designed for Rear Facing for This Age/Weight
 - (01) Rear facing
 - (02) Forward facing
 - (08) Other orientation (specify): _____

 - (09) Unknown orientation
Designed For Forward Facing for This Age/Weight
 - (11) Rear facing
 - (12) Forward facing
 - (18) Other orientation (specify): _____

 - (19) Unknown orientation
Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight
 - (21) Rear facing
 - (22) Forward facing
 - (28) Other orientation (specify): _____

 - (29) Unknown orientation
 - (99) Unknown if child safety seat used

31. Child Safety Seat Harness Usage _____
32. Child Safety Seat Shield Usage _____
33. Child Safety Seat Tether Usage
Note: Options below applicable to Variables OA31-OA33.
- (00) No child safety seat
Not Designed With Harness/Shield/Tether
 - (01) After market harness/shield/tether added, not used
 - (02) After market harness/shield/tether used
 - (03) Child safety seat used, but no after market harness/shield/tether added
 - (09) Unknown if harness/shield/tether added or used

 - Designed With Harness/Shield/Tether*
 - (11) Harness/shield/tether not used
 - (12) Harness/shield/tether used
 - (19) Unknown if harness/shield/tether used

- Unknown If Designed With Harness/Shield/Tether*
- (21) Harness/shield/tether not used
- (22) Harness/shield/tether used
- (29) Unknown if harness/shield/tether used

- (99) Unknown if child safety seat used

INJURY CONSEQUENCES**34. Injury Severity (Police Rating)**

- (0) O - No injury
 (1) C - Possible injury
 (2) B - Nonincapacitating injury
 (3) A - Incapacitating injury
 (4) K - Killed
 (5) U - Injury, severity unknown
 (6) Died prior to accident
 (9) Unknown

4**35. Treatment - Mortality**

- (0) No treatment
 (1) Fatal
 (2) Fatal - ruled disease

1*Nonfatal*

- (3) Hospitalization
 (4) Transported and released
 (5) Treatment at scene - nontransported
 (6) Treatment later
 (8) Treatment - other (specify):
 (9) Unknown

36. Type Of Medical Facility (for Initial Treatment)O

- (0) Not treated at a medical facility
 (1) Trauma center
 (2) Hospital
 (3) Medical clinic
 (4) Physician's office
 (5) Treatment later at medical facility
 (8) Other (specify):
 (9) Unknown

37. Hospital Stay00

- (00) Not Hospitalized
 _____ Code the number of days (up through 60) that the occupant stayed in hospital.
 (61) 61 days or more
 (99) Unknown

38. Working Days Lost62

- Code the number of days (up through 60) that the occupant lost from work due to the accident
 (00) No working days lost
 (61) 61 days or more
 (62) Fatally injured
 (97) Not working prior to accident
 (99) Unknown

39. Time to Death01

- Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)
 (00) Not fatal
 (96) Fatal - ruled disease
 (99) Unknown

40. 1st Medically Reported Cause of Death01**41. 2nd Medically Reported Cause of Death**02**42. 3rd Medically Reported Cause of Death**99

- Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death
 (00) Not fatal or no additional causes
 (97) Other result (specify):
 (99) Unknown

43. Number of Recorded Injuries for This Occupant03

- Code the actual number of injuries recorded for this occupant.
 (00) No recorded injuries
 (97) Injured, details unknown
 (99) Unknown if injured

AUTOMATIC BELT SYSTEM

44. Automatic (Passive) Belt System Availability/0
 Function
 (0) Not equipped/not available
 (1) 2 point automatic belts
 (2) 3 point automatic belts
 (3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
 (9) Unknown

45. Automatic (Passive) Belt System Use 0
 (0) Not equipped/not available/destroyed or rendered inoperative
 (1) Automatic belt in use
 (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify):
 (3) Automatic belt use unknown
 (9) Unknown

46. Automatic (Passive) Belt System Type 0
 (0) Not equipped/not available
 (1) Non-motorized system
 (2) Motorized system
 (9) Unknown

47. Proper Use of Automatic (Passive) Belt System 0
 (0) Not equipped/not available/not used
 (1) Automatic belt used properly
 (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly
 (3) Automatic shoulder belt worn under arm
 (4) Automatic shoulder belt worn behind back
 (5) Automatic belt worn around more than one person
 (6) Lap portion of automatic belt worn on abdomen
 (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify):
 (8) Other improper use of automatic belt system (specify):
 (9) Unknown

48. Automatic (Passive) Belt Failure Modes During Accident 0
 (0) Not equipped/not available/not in use
 (1) No automatic belt failure(s)
 (2) Torn webbing (stretched webbing not included)
 (3) Broken buckle or latchplate
 (4) Upper anchorage separated
 (5) Other anchorage separated (specify):

- (6) Broken retractor
 (7) Combination of above (specify):
 (8) Other automatic belt failure (specify):
 (9) Unknown

49. Seat Orientation (this Occupant Position) 1
 (0) Occupant not seated or no seat
 (1) Forward facing seat
 (2) Rear facing seat
 (3) Side facing seat (inward)
 (4) Side facing seat (outward)
 (8) Other (specify):

(9) Unknown

TRAUMA DATA

50. Glasgow Coma Scale (GCS) Score 01
 (at Medical Facility)
 (00) Not injured
 (01) Injured - not treated at medical facility
 (02) No GCS Score at medical facility
 (03-15) Code the actual value of the initial GCS Score recorded at medical facility.
 (97) Injured, details unknown
 (99) Unknown if injured

51. Was the Occupant Given Blood? 1
 (1) No - blood not given
 (2) Yes - blood given (specify units):
 (9) Unknown if blood given

52. Arterial Blood Gases (ABG) - HCO₃ 01
 (00) Not injured
 (01) Injured, ABGs not measured or reported
 (02-50) Code the actual value of the HCO₃
 (96) ABGs reported, HCO₃ unknown
 (97) Injured, details unknown
 (99) Unknown if injured

UPDATE CANDIDATE? NO [] YES []

OCCUPANT INJURY FORM INCLUDED WITH INITIAL SUBMISSION? NO [] YES []

*** STOP HERE ***
 IF THERE ARE NO RECORDED INJURIES
 (I.E., OA43 = 00,97,99)



OCCUPANT ASSESSMENT LOG

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

TO BE COMPLETED BY TEAM

1. PSU Number NCST
2. Case Number—Stratum 9204
3. Researcher Completing Form _____
4. Vehicle Number 02
5. Occupant Number 02
6. Interviewer Number _____
7. Date Interview Completed 2 / _____ / _____
8. Occupant's Role
 - (1) Driver
 - (2) Passenger
 - (3) Unknown

9. Interviewee For This Occupant
 - (0) No interview
 - (1) Same person

Surrogate

- (2) Other occupant
- (3) Relative or friend
- (4) Multiple interviewees from above categories
(specify): _____

10. Manner Of Interview
 - (0) No attempt
 - (1) Telephone
 - (2) In-person
 - (3) Questionnaire
 - (9) Unknown (for Zone Center use only)

11. Result Of Last Interview Attempt
 - (01) Unable to contact or locate
 - (02) Hit and run
 - (03) Fatal—surrogate not available
 - (04) In intensive care—surrogate not available
 - (05) Out-of-state resident
 - (06) Refused interview
 - (07) Insurance company refusal
 - (08) Attorney refusal or litigation
 - (09) No return of questionnaire
 - (10) Other (specify): _____
 - (11) Return of completed questionnaire
 - (12) Partial interview
 - (13) Complete interview

12. Injury Treatment Status
 - (0) No treatment
 - (1) Fatal—died before hospitalization
 - (2) Fatal—died after hospitalization
 - (3) Hospitalization
 - (4) Emergency room treatment only
 - (5) Treatment at physician's office
 - (6) Treatment at scene or self treatment
 - (7) Outpatient surgery
 - (8) Transported—unknown level of treatment
 - (9) Unknown

13. Injury Information

Official

- a. Autopsy (invasive examination)
- b. Post-ER medical record which includes information about death based on non-invasive examination
- c. Admission record/summary of admission/discharge face sheet
- d. Discharge summary
- e. Operative report
- f. Radiographic record(s) post ER visit
- g. History and physical examination and/or consultation records
- h. Emergency room records
- i. Radiographic record(s) associated with ER visit
- j. Private physician

Unofficial

- k. Lay coroner
- l. EMS record
- m. Interviewee
- n. Other source (specify): _____ B
- o. Police report B

(See reverse side of this page for codes for variable 13)

14. Medical Facility Code

TO BE COMPLETED BY ZONE CENTER

15. Documentation of Occupant Interview (Excludes Injury Data)

- (0) Not applicable
- (1) Substandard
- (2) Standard
- (3) Above Standard

DATA STATUS OF VARIABLE NUMBERS 4-52

4	5	6	7	8	9	10	11	12	13	14
15	16	17	18	19	20	21	22	23	24	25
26	27	28	29	30	31	32	33	34	35	36
37	38	39	40	41	42	43	44	45	46	47
48	49	50	51	52						

Data Status Codes:

- | | |
|---------------------------|-----------------------------|
| (Blank) Correct | (5) Sequencing error |
| (1) Derived error | (7) Incorrect edit override |
| (2) Non-correctable error | (8) MDE error |
| (3) Correctable error | (9) Unknown coded |
| (4) Change—no error | |



OCCUPANT INJURY FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number	<u>NCST</u>	3. Vehicle Number	<u>02</u>
2. Case Number - Stratum	<u>9204</u>	4. Occupant Number	<u>01</u>

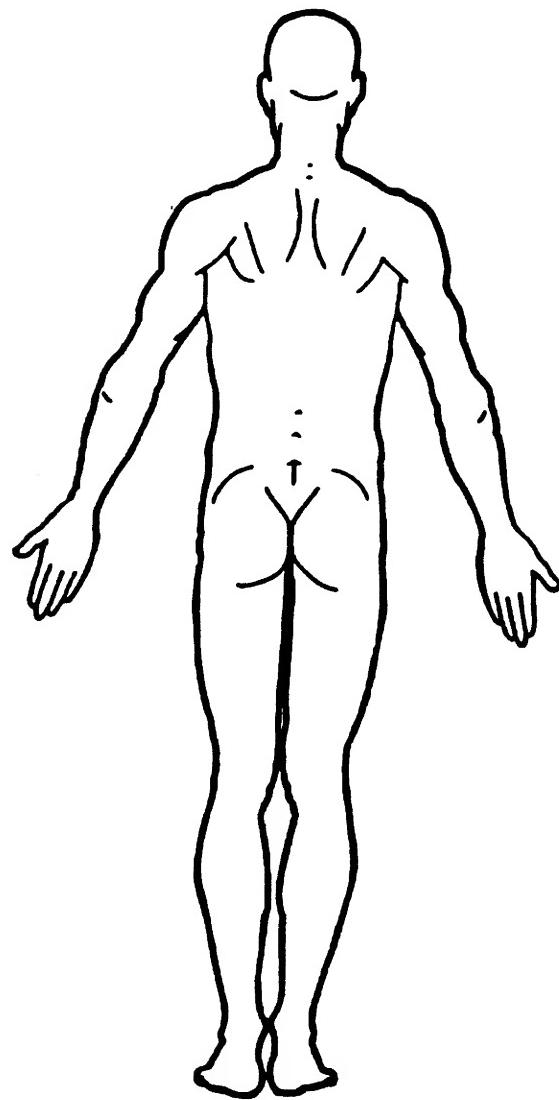
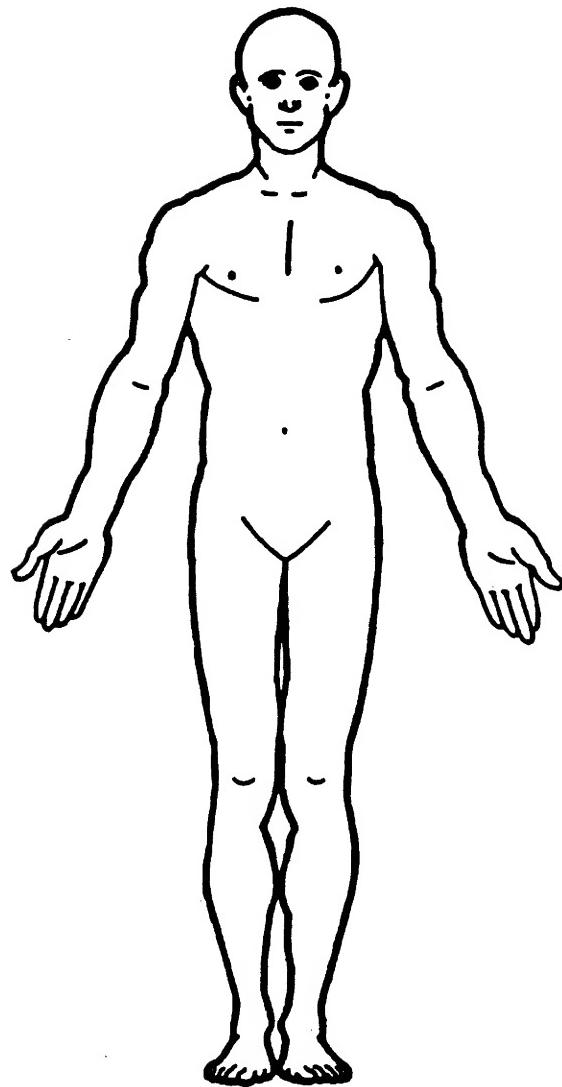
INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

Source of Injury Data	O.I.C.-A.I.S					Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion No.		
	Body Region	Aspect	Lesion	System Organ	A.I.S. Severity					
1st	5. <u>7</u>	6. <u>Q</u>	7. <u>R</u>	8. <u>F</u>	9. <u>S</u>	10. <u>Z</u>	11. <u>56</u>	12. <u>1</u>	13. <u>1</u>	14. <u>00</u>
2nd	15. <u>7</u>	16. <u>Q</u>	17. <u>L</u>	18. <u>F</u>	19. <u>S</u>	20. <u>Z</u>	21. <u>56</u>	22. <u>1</u>	23. <u>1</u>	24. <u>02</u>
3rd	25. <u> </u>	26. <u> </u>	27. <u> </u>	28. <u> </u>	29. <u> </u>	30. <u> </u>	31. <u> </u>	32. <u> </u>	33. <u> </u>	34. <u> </u>
4th	35. <u> </u>	36. <u> </u>	37. <u> </u>	38. <u> </u>	39. <u> </u>	40. <u> </u>	41. <u> </u>	42. <u> </u>	43. <u> </u>	44. <u> </u>
5th	45. <u> </u>	46. <u> </u>	47. <u> </u>	48. <u> </u>	49. <u> </u>	50. <u> </u>	51. <u> </u>	52. <u> </u>	53. <u> </u>	54. <u> </u>
6th	55. <u> </u>	56. <u> </u>	57. <u> </u>	58. <u> </u>	59. <u> </u>	60. <u> </u>	61. <u> </u>	62. <u> </u>	63. <u> </u>	64. <u> </u>
7th	65. <u> </u>	66. <u> </u>	67. <u> </u>	68. <u> </u>	69. <u> </u>	70. <u> </u>	71. <u> </u>	72. <u> </u>	73. <u> </u>	74. <u> </u>
8th	75. <u> </u>	76. <u> </u>	77. <u> </u>	78. <u> </u>	79. <u> </u>	80. <u> </u>	81. <u> </u>	82. <u> </u>	83. <u> </u>	84. <u> </u>
9th	85. <u> </u>	86. <u> </u>	87. <u> </u>	88. <u> </u>	89. <u> </u>	90. <u> </u>	91. <u> </u>	92. <u> </u>	93. <u> </u>	94. <u> </u>
10th	95. <u> </u>	96. <u> </u>	97. <u> </u>	98. <u> </u>	99. <u> </u>	100. <u> </u>	101. <u> </u>	102. <u> </u>	103. <u> </u>	104. <u> </u>

OFFICIAL INJURY DATA – SOFT TISSUE INJURIES

Indicate the Location, Lesion, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



SOURCE OF INJURY DATA

OFFICIAL

- (1) Autopsy records with or without hospital medical records
- (2) Hospital medical records other than emergency room (e.g., discharge summary)
- (3) Emergency room records only (including associated X-rays or other lab reports)
- (4) Private physician, walk-in or emergency clinic

UNOFFICIAL

- (5) Lay coroner report
 - (6) E.M.S. personnel
 - (7) Interviewee
 - (8) Other source (specify): _____
- (9) Police _____

INJURY SOURCE

FRONT

- (01) Windshield
- (02) Mirror
- (03) Sunvisor
- (04) Steering wheel rim
- (05) Steering wheel hub/spoke
- (06) Steering wheel (combination of codes 04 and 05)
- (07) Steering column, transmission selector lever, other attachment
- (08) Add on equipment (e.g., CB, tape deck, air conditioner)
- (09) Left instrument panel and below
- (10) Center instrument panel and below
- (11) Right instrument panel and below
- (12) Glove compartment door
- (13) Knee bolster
- (14) Windshield including one or more of the following: front header, A-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (15) Windshield including one or more of the following: front header, A-pillar, instrument panel, or mirror (passenger side only)
- (16) Other front object (specify): _____

LEFT SIDE

- (20) Left side interior surface, excluding hardware or armrests
- (21) Left side hardware or armrest
- (22) Left A pillar
- (23) Left B pillar
- (24) Other left pillar (specify): _____

(25) Left side window glass or frame

(26) Left side window glass including one or more of the following: frame, window sill, A-pillar, B-pillar, or roof side rail.

(27) Other left side object (specify): _____

(28) Left side window sill

RIGHT SIDE

(30) Right side interior surface, excluding hardware or armrests

(31) Right side hardware or armrest

(32) Right A pillar

(33) Right B pillar

(34) Other right pillar (specify): _____

(35) Right side window glass or frame

(36) Right side window glass including one or more of the following: frame, window sill, A pillar, B pillar, or roof side rail.

(37) Other right side object (specify): _____

(38) Right side window sill

INTERIOR

(40) Seat, back support

(41) Belt restraint webbing/buckle

(42) Belt restraint B-pillar

attachment point

(43) Other restraint system component (specify): _____

(44) Head restraint system

(45) Air bag

(46) Other occupants (specify): _____

(47) Interior loose objects

(48) Child safety seat (specify): _____

(49) Other interior object (specify): _____

ROOF

(50) Front header

(51) Rear header

(52) Roof left side rail

(53) Roof right side rail

(54) Roof or convertible top

FLOOR

(56) Floor (including toe pan)

(57) Floor or console mounted transmission lever, including console

(58) Parking brake handle

(59) Foot controls including parking brake

REAR

(60) Backlight (rear window)

(61) Backlight storage rack, door, etc.

(62) Other rear object (specify): _____

EXTERIOR OF OCCUPANT'S VEHICLE

(65) Hood

(66) Outside hardware (e.g., outside mirror, antenna)

(67) Other exterior surface or tires (specify): _____

(68) Unknown exterior objects

EXTERIOR OF OTHER MOTOR VEHICLE

(70) Front bumper

(71) Hood edge

(72) Other front of vehicle (specify): _____

(73) Hood

(74) Hood ornament

(75) Windshield, roof rail, A-pillar

(76) Side surface

(77) Side mirrors

(78) Other side protrusions (specify)

(79) Rear surface

(80) Undercarriage

(81) Tires and wheels

(82) Other exterior of other motor vehicle (specify): _____

(83) Unknown exterior of other motor vehicle

OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT

(84) Ground

(85) Other vehicle or object (specify)

(86) Unknown vehicle or object

NONCONTACT INJURY

(90) Fire in vehicle

(91) Flying glass

(92) Other noncontact injury source (specify): _____

(93) Air bag exhaust gases

(97) Injured, unknown source

INJURY SOURCE CONFIDENCE LEVEL

(1) Certain

(2) Probable

(3) Possible

(9) Unknown

DIRECT/INDIRECT INJURY

(1) Direct contact injury

(2) Indirect contact injury

(3) Noncontact injury

(7) Injured, unknown source

OCCUPANT INJURY CLASSIFICATION

O.I.C. Body Region

- | | | | |
|---|-----------------------------------|----------------------------------|------------------------------------|
| (M) Abdomen | (A) Anterior—front | (F) Fracture | (L) Liver |
| (Q) Ankle—foot | (B) Bilateral (rib fracture only) | (Z) Fracture and dislocation | (M) Muscles |
| (A) Arm (upper) | (C) Central | (U) Injured, unknown lesion | (N) Nervous system |
| (B) Back-thoracolumbar spine | (I) Inferior—lower | (L) Laceration | (P) Pulmonary—lungs |
| (C) Chest | (U) Injured, unknown aspect | (P) Perforation, puncture | (R) Respiratory |
| (E) Elbow | (L) Left | (R) Rupture | (S) Skeletal |
| (F) Face | (P) Posterior—back | (S) Sprain | (C) Spinal cord |
| (R) Forearm | (R) Right | (T) Strain | (Q) Spleen |
| (H) Head—skull | (S) Superior—upper | (E) Total severance, transection | (T) Thyroid, other endocrine gland |
| (U) Injured, unknown region | (W) Whole region | | (V) Vertebrae |
| (K) Knee | | | |
| (L) Leg (lower) | | | |
| (Y) Lower limb(s) (whole or unknown part) | | | |
| (N) Neck—cervical spine | | | |
| (P) Pelvic—hip | | | |
| (S) Shoulder | | | |
| (T) Thigh | | | |
| (X) Upper limb(s) (whole or unknown part) | | | |
| (O) Whole body | | | |
| (W) Wrist—hand | | | |

Aspect of Injury

- | | | | | | |
|----------------------------|-----------------|--------------|----------------|---------------|-----------|
| (A) Abrasion | (B) Amputation | (D) Avulsion | (E) Concussion | (G) Contusion | (I) Crush |
| (M) Detachment, separation | (V) Dislocation | | | | |

System/Organ

- | | | | |
|---------------------------|-----------------------------|---------------|-------------------|
| (W) All systems in region | | | |
| (A) Arteries—veins | (B) Brain | (D) Digestive | (E) Ears |
| (B) Brain | (D) Digestive | (E) Ears | (O) Eye |
| (D) Digestive | (E) Ears | (H) Heart | (I) Integumentary |
| (E) Ears | (U) Injured, unknown system | (J) Joints | (K) Kidneys |
| (O) Eye | | | |
| (H) Heart | | | |
| (I) Integumentary | | | |
| (J) Joints | | | |
| (K) Kidneys | | | |

Abbreviated Injury Scale

- | | |
|-------------------------------|--|
| (1) Minor injury | |
| (2) Moderate injury | |
| (3) Serious injury | |
| (4) Severe injury | |
| (5) Critical injury | |
| (6) Maximum (untreatable) | |
| (7) Injured, unknown severity | |

OFFICIAL INJURY DATA – SKELETAL INJURIES

Restrained?

 No Yes

Blood Alcohol Level (mg/dl)

BAL = _____

Glasgow Coma Scale Score

GCSS = _____

Units of Blood Given

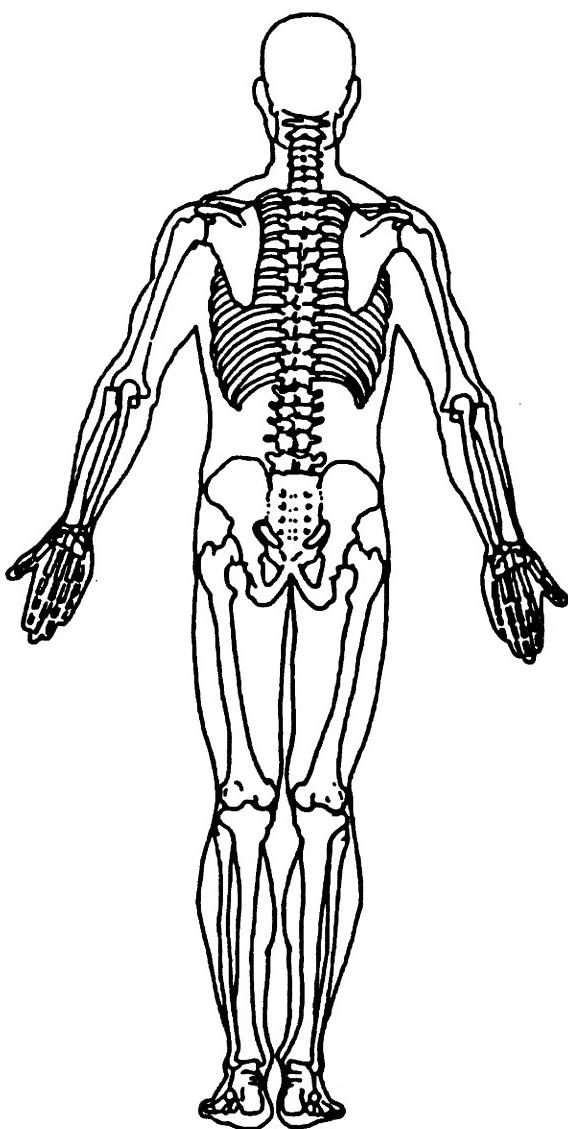
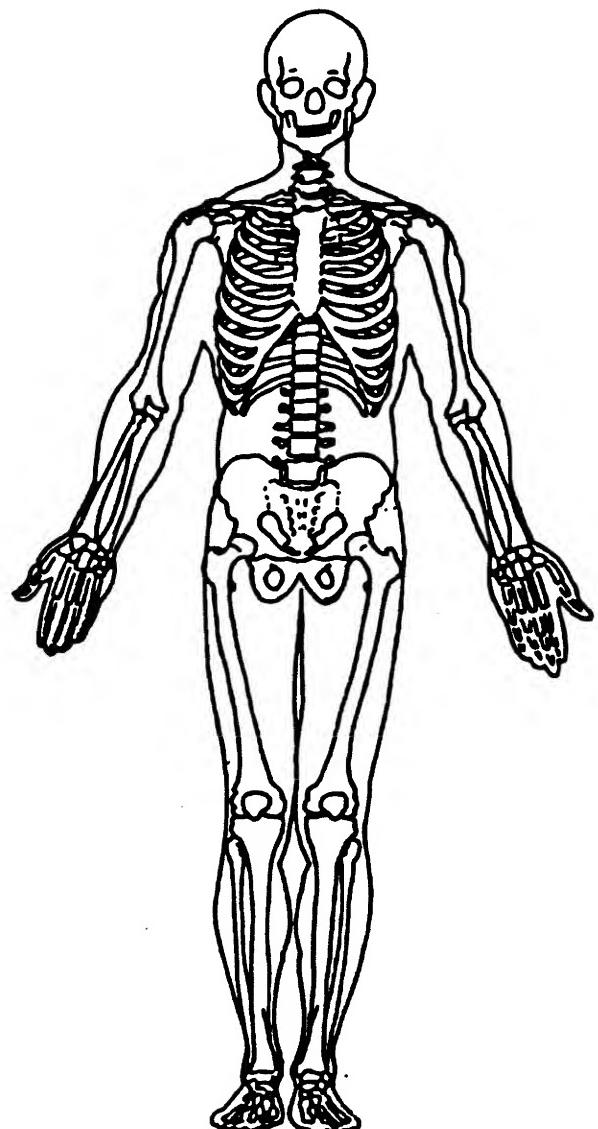
Units = _____

Aterial Blood Gases

pH = ____.

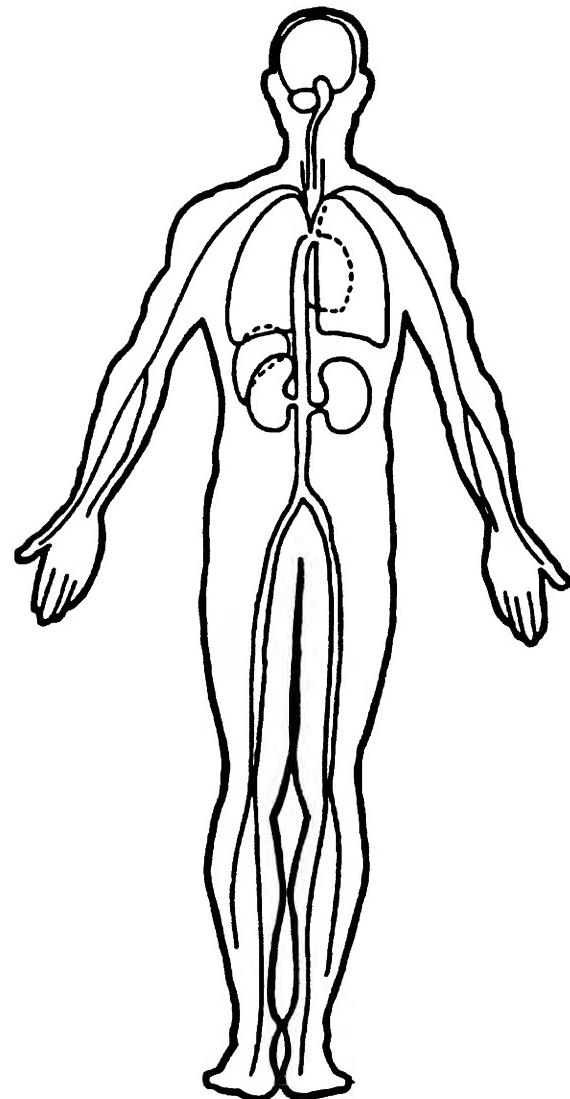
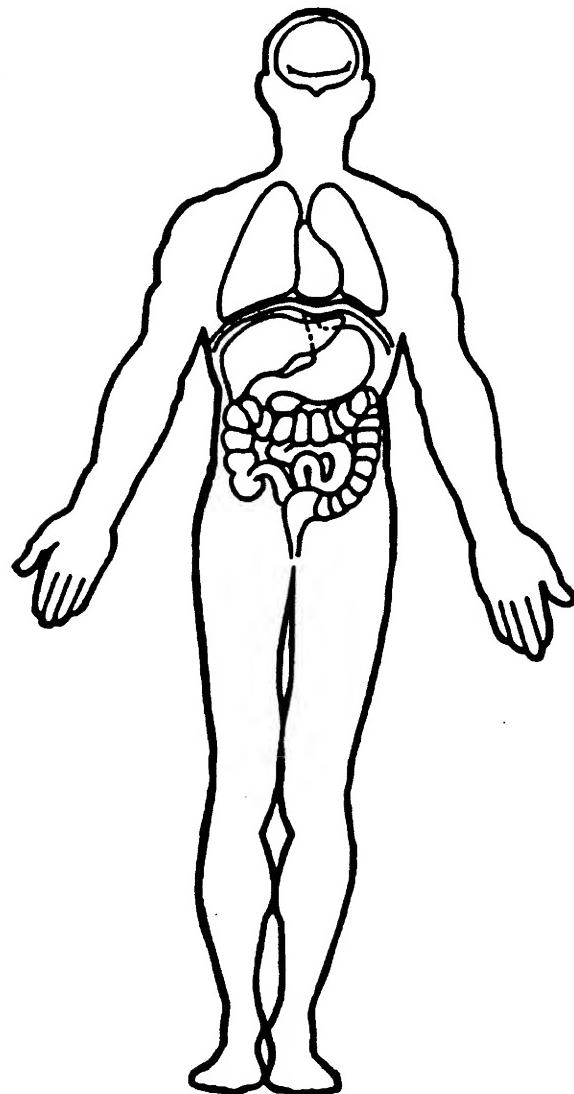
PO₂ = _____PCO₂ _____HCO₃ _____

Indicate the Location, Lesion, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



OFFICIAL INJURY DATA –INTERNAL INJURIES

Indicate the Location, Lesion, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)





OCCUPANT INJURY FORM

1. Primary Sampling Unit Number	<u>N.C.I.</u>	3. Vehicle Number	<u>02</u>
2. Case Number - Stratum	<u>9204</u>	4. Occupant Number	<u>02</u>

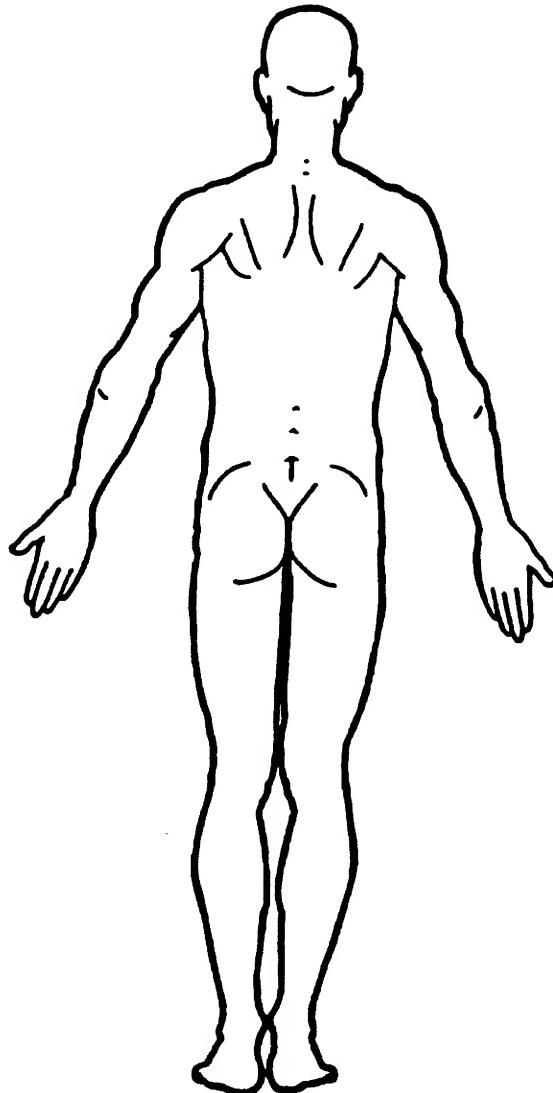
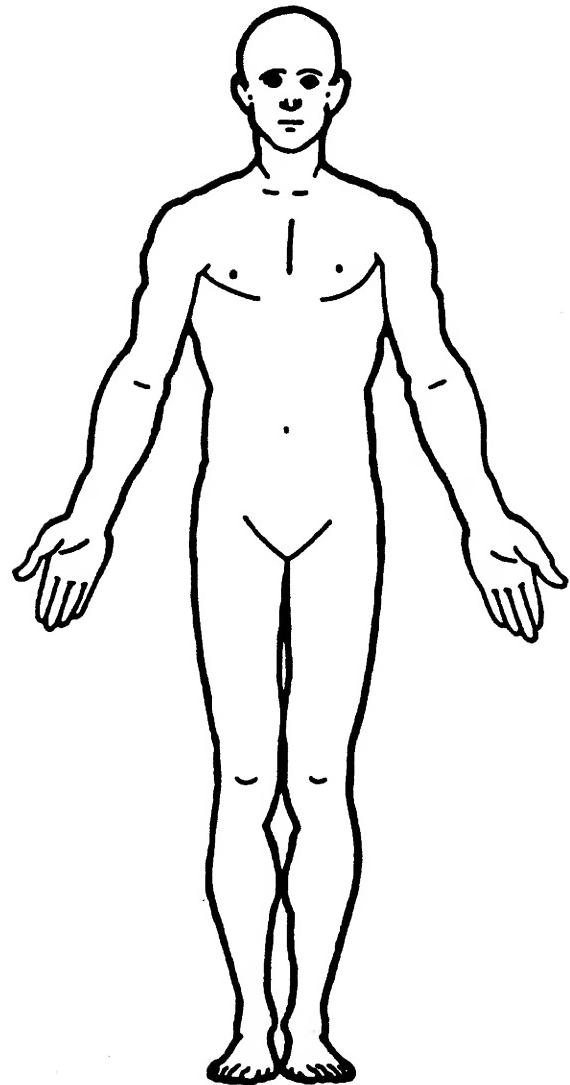
INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

Source of Injury Data	O.I.C.-A.I.S					Injury Source	Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion No.	
	Body Region	Aspect	Lesion	System Organ	A.I.S. Severity					
1st	5. <u>7</u>	6. <u>N</u>	7. <u>P</u>	8. <u>F</u>	9. <u>S</u>	10. <u>2</u>	11. <u>97</u>	12. <u>9</u>	13. <u>7</u>	14. <u>99</u>
2nd	15. <u>7</u>	16. <u>C</u>	17. <u>4</u>	18. <u>4</u>	19. <u>4</u>	20. <u>7</u>	21. <u>11</u>	22. <u>1</u>	23. <u>1</u>	24. <u>02</u>
3rd	25. <u>7</u>	26. <u>C</u>	27. <u>4</u>	28. <u>4</u>	29. <u>4</u>	30. <u>7</u>	31. <u>11</u>	32. <u>1</u>	33. <u>1</u>	34. <u>02</u>
4th	35. <u> </u>	36. <u> </u>	37. <u> </u>	38. <u> </u>	39. <u> </u>	40. <u> </u>	41. <u> </u>	42. <u> </u>	43. <u> </u>	44. <u> </u>
5th	45. <u> </u>	46. <u> </u>	47. <u> </u>	48. <u> </u>	49. <u> </u>	50. <u> </u>	51. <u> </u>	52. <u> </u>	53. <u> </u>	54. <u> </u>
6th	55. <u> </u>	56. <u> </u>	57. <u> </u>	58. <u> </u>	59. <u> </u>	60. <u> </u>	61. <u> </u>	62. <u> </u>	63. <u> </u>	64. <u> </u>
7th	65. <u> </u>	66. <u> </u>	67. <u> </u>	68. <u> </u>	69. <u> </u>	70. <u> </u>	71. <u> </u>	72. <u> </u>	73. <u> </u>	74. <u> </u>
8th	75. <u> </u>	76. <u> </u>	77. <u> </u>	78. <u> </u>	79. <u> </u>	80. <u> </u>	81. <u> </u>	82. <u> </u>	83. <u> </u>	84. <u> </u>
9th	85. <u> </u>	86. <u> </u>	87. <u> </u>	88. <u> </u>	89. <u> </u>	90. <u> </u>	91. <u> </u>	92. <u> </u>	93. <u> </u>	94. <u> </u>
10th	95. <u> </u>	96. <u> </u>	97. <u> </u>	98. <u> </u>	99. <u> </u>	100. <u> </u>	101. <u> </u>	102. <u> </u>	103. <u> </u>	104. <u> </u>

OFFICIAL INJURY DATA – SOFT TISSUE INJURIES

Indicate the Location, Lesion, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



OFFICIAL INJURY DATA – SKELETAL INJURIES

Restrained?

 No Yes

Indicate the Location, Lesion, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

Blood Alcohol Level (mg/dl)

BAL = _____

Glasgow Coma Scale Score

GCSS = _____

Units of Blood Given

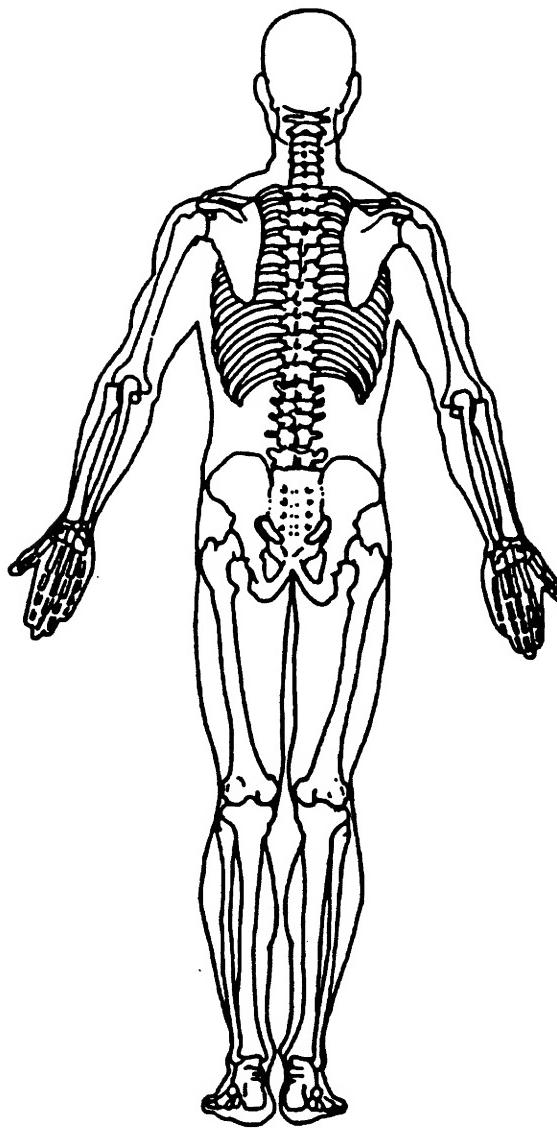
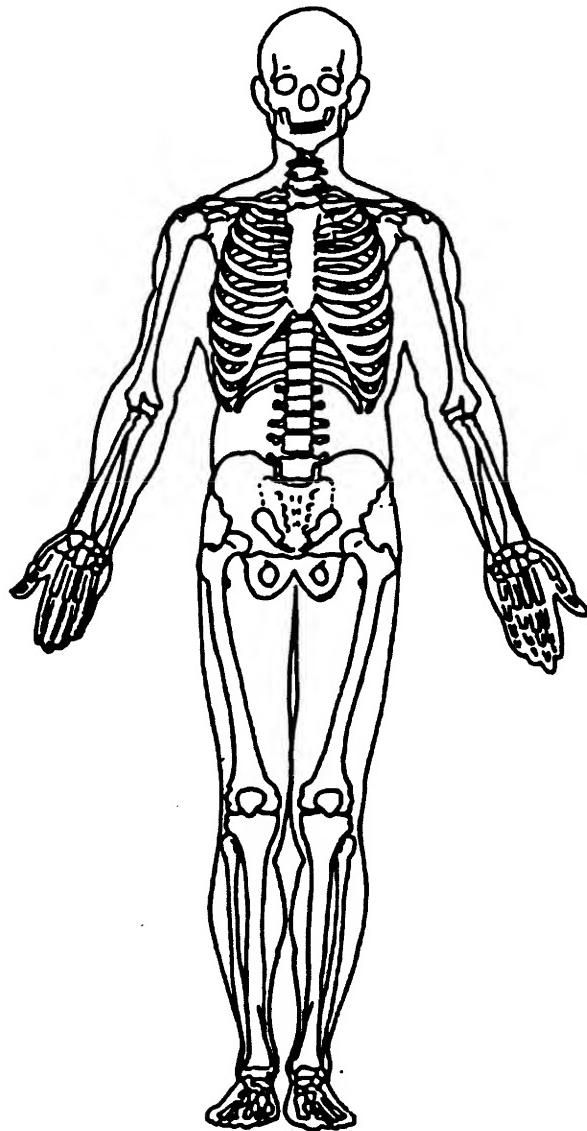
Units = _____

Arterial Blood Gases

pH = _____

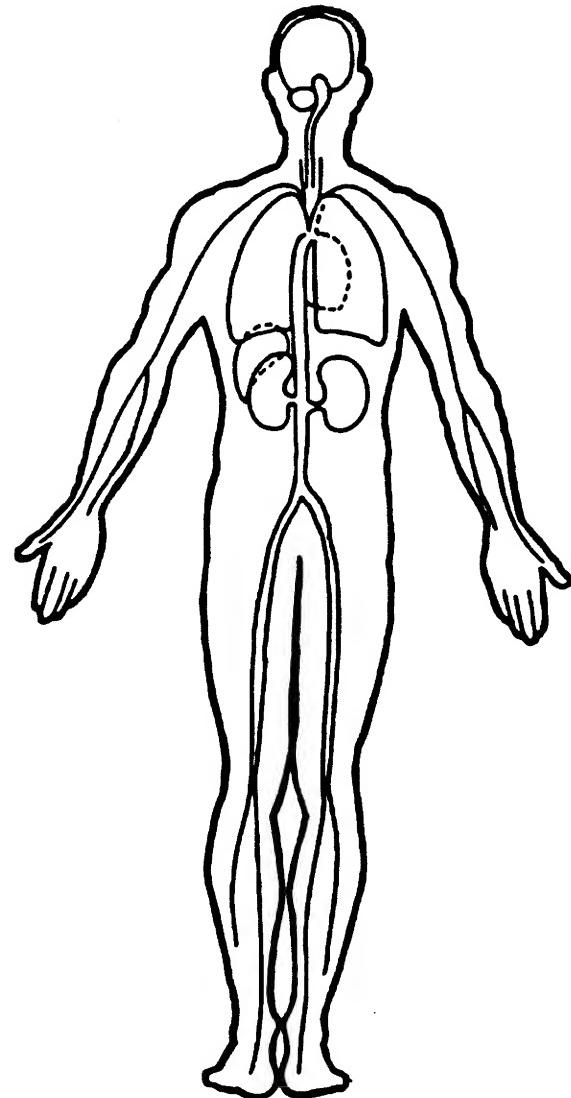
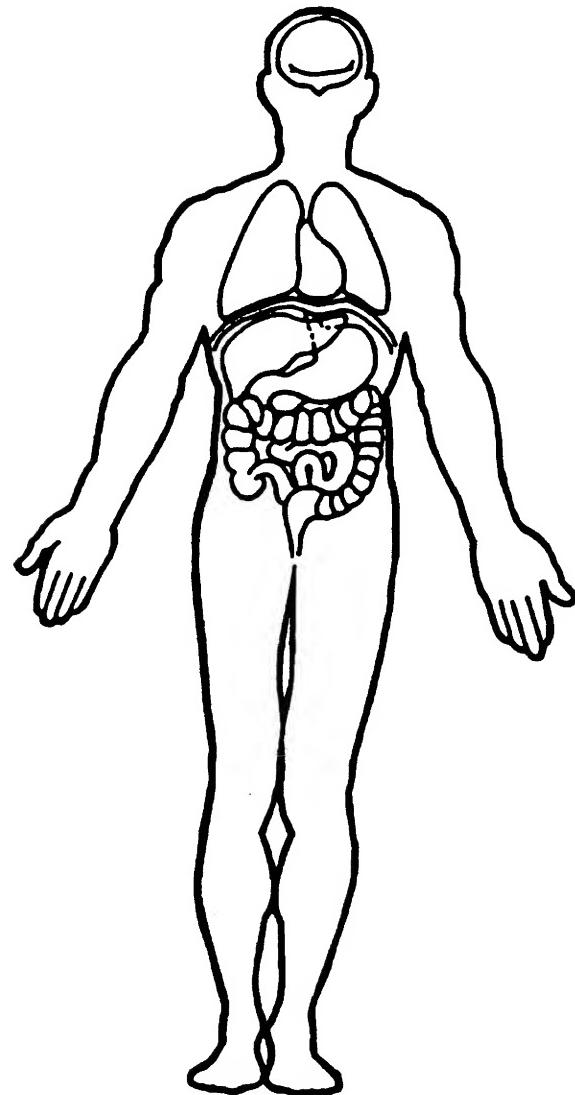
PO₂ = _____PCO₂ _____HCO₃ _____

86



OFFICIAL INJURY DATA –INTERNAL INJURIES

Indicate the Location, Lesion, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



Appendix C
Airbag Supplement

ACCIDENT SUMMARY

ACCIDENT DATE 1/92

POLICE INVESTIGATED (1,2,9)*

City - - - County - - -

GENERAL LOCALITY

- (1) Freeway, Limited Access
- (2) Urban (City)
- (3) Urban-Rural (mixed)
- (4) Rural, Fields

CONFIGURATION (First Harm)

- (0) Struck Object or Pedestrian
- (1) Rear-End
- (2) Head-On
- (3) Rear-to-Rear
- (4) Angle
- (5) Sideswipe-Same Direction
- (6) Sideswipe-Opposite Direct.
- (7) NonColl:eg Fell from Veh
- (8) NonImpact Deployment
- (9) Unknown

FIRE INVOLVED (0) None

- (1) AirBag Vehicle
- (2) Other Vehicle
- (3) Both Vehicles
- (9) Unknown

NUMBER: VEHICLES INVOLVED

(8)=8 or more

PERSONS INVOLVED

INJURED PERSONS

MAXIMUM AIS IN ACCIDENT

OTHER VEHICLE: MAXIMUM AIS

FATAL

1

PRIME/DEPLOY IMPACT w AB VEH:
EVENT NUMBER

1

CDC 12-ED EW-6

43

TOTAL DELTA-V

43

Model Year, Make, Model, Body Type:

92 CHEVROLET Corsica

AIRBAG VEHICLE INSPECTION

DATE VEH. INSPECTED 1/92

REASON VEHICLE NOT INSPECTED

- (0) Not Required
- (1) Inspection Completed
- (2) Cannot be Located**
- (3) Repaired or Destroyed**
- (5) Refuel or Impounded**
- (7) Other*

**Specify: _____

IMPACT DATA OBTAINED

- (0) No Data Obtained
- (1) CDC Only
- (2) Crush Profile Only
- (3) Trajectory Data Only
- (4) CDC and Crush Profile
- (5) CDC and Trajectory
- (6) Crush and Trajectory
- (7) CDC, Crush & Trajectory

BASIS OF DELTA-V

- (0) Not Computed (Unknown Why)
- (1) CRASH - Damage Only
- (2) CRASH - Damage+Trajectory
- (3) Missing Vehicle Algorithm
- (4) Yielding Object Algorithm
- (5) Unknown Basis
- (6) One Vehicle Beyond Scope
- (7) Collision Beyond Scope
- (8) Insufficient Data

VEHICLE HISTORY

HAS AIRBAG VEHICLE BEEN IN
ANY PRIOR IMPACTS (1,2,9)*HAS ANY PRIOR MAINTENANCE/SERVICE
BEEN PERFORMED ON SYSTEM(1,2,9)*

*Describe: _____

AIRBAG VEHICLE: FLEET Rental Car

VIN - - - - -

MILEAGE 40455

SYSTEM READINESS LAMP
 In Instrument Cluster)

PRE-IMPACT LAMP CONDITION

- (1) Functioning/Proved Out
- (2) Inoperative
- (9) Unknown

**DRIVER'S REPORT OF
PRE-IMPACT FLASHING**

- (00) No Flashing Reported
- (01) Continuous Flashing
- (02) -->Number of Flashes
- (11)
- (12) Constant Light
- (19) Flashing, Unkn Number
- (88) Not App (system removed)
- (99) Unknown

PERIOD OF PRE-IMPACT FLASHING

- (0) No Flashing
- (1) Same Day as Impact
- (2) Prior Day
- (3) Prior Two Days
- (4) Prior Week
- (5) Prior Month
- (6) Over One Month
- (9) Unknown

POST-IMPACT LAMP CONDITION

- (1) Functioning/Proved Out
- (2) Inoperative
- (9) Unknown

POST-IMPACT FLASHING

- (00) No Flashing
- (01) Continuous Flashing
- (02) -->Number of Flashes
- (11)
- (12) Constant Light
- (19) Flashing, Unkn Number
- (88) Not Appl (removed)
- (99) Unknown

**AIRBAG VEHICLE
FIRST HARMFUL EVENT**

13

- (01) Fire or explosion
- (02) Immersion
- (03) Gas Inhalation
- (04) Fell from vehicle
- (05) Injured in vehicle
- (06) Other noncollision (specify):
- (07) Overturn
- (08) Jackknife with intraunit damage
Collision With:
- (09) Pedestrian
- (10) Pedalcyclist
- (11) Railway train
- (12) Animal
- (13) Motor vehicle in transport (same roadway)
- (14) Motor vehicle in transport (other roadway)
- (15) Parked motor vehicle
- (16) Other type nonmotorist (specify):
- (17) Thrown or falling object
- (18) Boulder
- Collision with Fixed Object:
- (20) Building
- (21) Impact attenuator/Crash Cushion
- (22) Bridge pier or abutment
- (23) Bridge parapet end
- (24) Bridge rail
- (25) Guardrail
- (26) Concrete traffic barrier
- (27) Median barrier
- (28) Other longitudinal barrier (specify):
- (29) Highway/Traffic sign post
- (30) Overhead sign support
- (31) Luminaire/Light support
- (32) Utility pole
- (33) Other post, pole, or support (specify):
- (34) Culvert
- (35) Curb
- (36) Ditch
- (37) Embankment-earth
- (38) Embankment-rock, stone or concrete
- (39) Fence (wooden, wire, chain link, etc.)
- (40) Wall (stone, rock, metal, etc.)
- (41) Fire hydrant
- (42) Shrubbery
- (43) Tree
- (44) Other fixed object (specify):
- (45) Pavement surface irregularity (pothole, grooved, grates)
- (99) Unknown

AIRBAG VEHICLE IMPACT SUMMARY

"EHICLE ROLE

- (0) Non-collision
- (1) Striking Unit
- (2) Struck Unit
- (3) Both Striking and Struck
- (9) Unknown

MANNER OF LEAVING SCENE

- (1) Driven
- (2) Towed-due to damage
- (3) Towed - not for damage
- (4) Towed - details unknown
- (5) Abandoned
- (9) Unknown

NUMBER OF IMPACT EVENTS

- (8) 8 or more, (9) Unknown

ROLLOVER (0) No Rollover

- (1) First Event
- (2) Subsequent Event
- (3) Yes, UnknownEvent
- (9) Unknown

VERRIDE/UNDERRIDE

- (1) No over/underride
- (1) Override - 1st CDC
- (3) - Other CDC
- (4) Underride - 1st CDC
- (6) - Other CDC
- (9) Unknown

AIRBAG VEHICLE DAMAGE

CODES: (1) Yes, DAMAGED
 (2) No Damage
 (9) Unknown

LEFT FRONT FENDER DAMAGE

RIGHT FRONT FENDER DAMAGE

CENTER TOP OF GRILLE DAMAGE

FRONT BUMPER E.A. STATUS: Left

- | | |
|--------------------------|-------|
| (1) Normal | Right |
| (2) Extended | |
| (3) Partial Compression | |
| (4) Complete Compression | |
| (5) Not Applicable | |
| (9) Unknown | |

FIRST AIRBAG VEHICLE IMPACT:

CONFIGURATION

- (0) Struck Object or Pedestrian
- (1) Rear-End
- (2) Head-On
- (3) Rear-to-Rear
- (4) Angle
- (5) Sideswipe - Same Direction
- (6) Sideswipe-Opposite Direct.
- (7) NonColl:eg Fell from Veh
- (8) NonImpact Deployment
- (9) Unknown

CDC 12 - ED EW - 6

OBJECT CONTACTED: G2 Pont.GRAND Am

PRIMARY/DEPLOYMENT, IMPACT:

EVENT NUMBER

TOTAL DELTA-V

LONGITUDINAL DELTA-V

CONFIGURATION

- (0) Struck Object or Pedestrian
- (1) Rear-End
- (2) Head-On
- (3) Rear-to-Rear
- (4) Angle
- (5) Sideswipe - Same Direction
- (6) Sideswipe-Opposite Direct.
- (7) NonColl:eg Fell from Veh
- (8) NonImpact Deployment
- (9) Unkonwn

CDC 12 - ED EW - 6

OBJECT CONTACTED: GRAND Am

NOTES:

AIRBAG SYSTEM DAMAGE

- ODES:
- (1) Yes, Damaged*
 - (2) No, Intact
 - (8) Not App. (Removed)
 - (9) Unknown

AIRBAG MODULE

SENSORS: Left Front

Center Front

Right Front

Rear, Cowl

DIAGNOSTIC MODULE

WIRING

KNEE DIVERTER

INDICATION OF DISCONNECTED
OR LOOSE ELECTRICAL
CONNECTORS

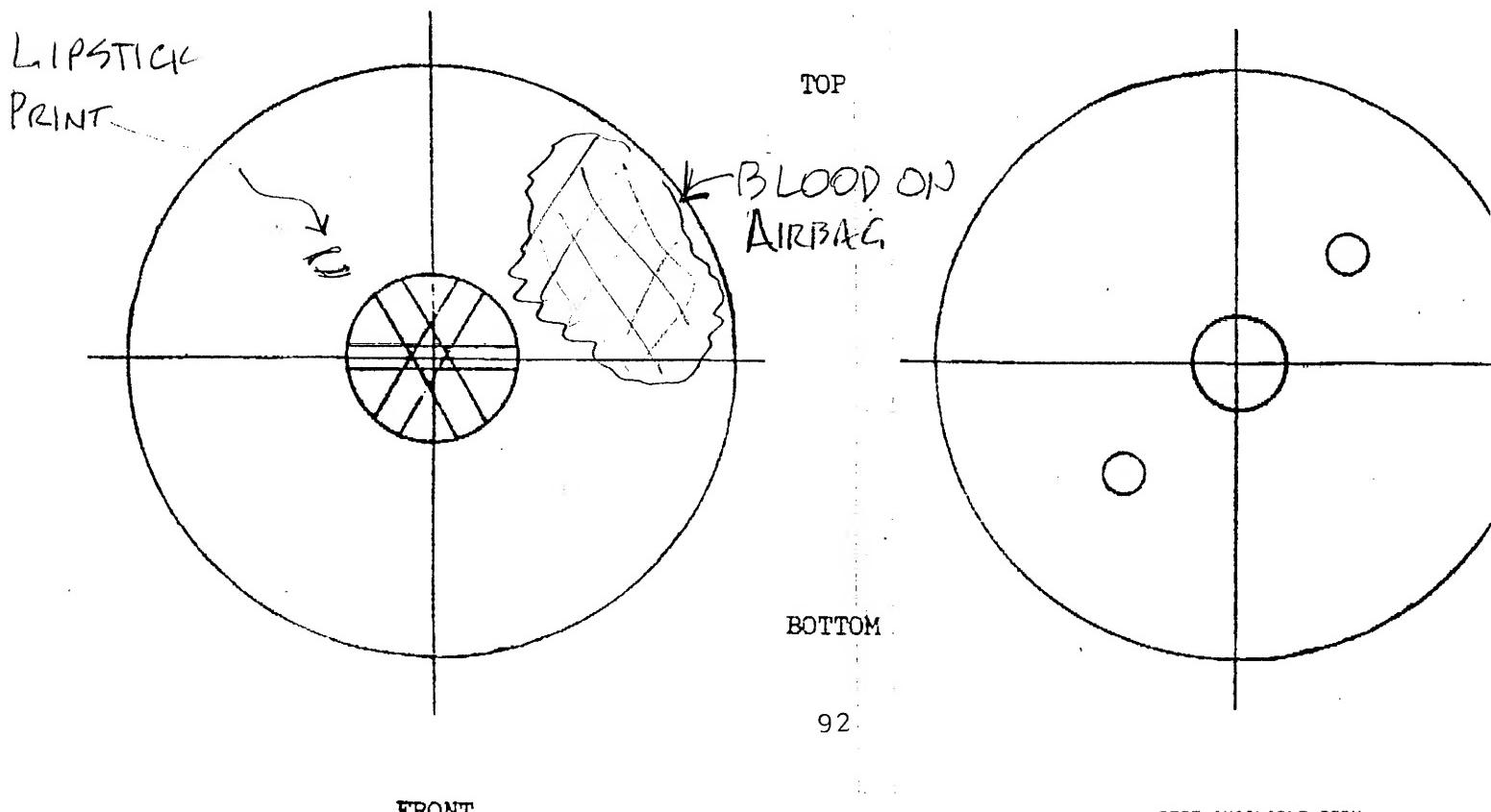
CONDITION OF DEPLOYED BAG

- (1) Bag Intact
- (2) Split or Torn*
- (3) Cut by Object in Impact*
- (4) Cut after Accident*
- (5) Other (e.g., burned)*
- (8) N/A (not deployed)
- (9) Unknown

229194222

*DESCRIBE System and Bag Damage:

NOTE DAMAGE AND CONTACT MARKS ON AIRBAG DIAGRAMS BELOW:



OCCUPANTS/DRIVER

AIRBAG SUPPLEMENT AE

OCCUPANTS of AIRBAG CAR		NOTES:
NUMBER OF OCCUPANTS IN VEHICLE (8) 8 or more	<u>2</u>	
NUMBER OF INJURED PERSONS	<u>2</u>	
MAXIMUM AIS IN AIRBAG VEHICLE (0) No Injury (1-6) AIS Severity (7) Injured, Unknown Severity (9) Unknown	<u>7</u> FATAL	
DRIVER AGE <u>52</u> SEX <u>F</u>	<u>2</u>	
NUMBER OF DRIVER INJURIES	<u>7</u>	
SOURCE OF BEST INJURY DATA (0) Not Injured (1) Autopsy w/wo med. records (2) Hospital Medical Records (3) Emergency Room only (4) Private physician, Clinic (5) Lay Coroner Report (6) EMS Personnel (7) Interviewee (8) Police (9) Unknown	<u>7</u>	
<hr/>		
MAXIMUM AIS BY BODY REGION		
REGION Head/Neck/Face	MAX AIS <u>7</u>	CONTACT <u>97</u>
Chest	<u>7</u>	<u>11</u>
Abdomen	<u>—</u>	<u>—</u>
Leg/Hips	<u>2</u>	<u>—</u>
Other (Arms)	<u>—</u>	<u>—</u>
DRIVER MAXIMUM	<u>2</u>	<u>56</u>
<hr/>		
EJECTION: Extent	<u>—</u>	
Portal	<u>—</u>	

DRIVER-PASSENGER

AIRBAG SUPPLEMENT AB-6

DRIVER BELT USAGE: (1) Used (2) Not Used (9) Unknown 1

Evidence: BELTS CUT FOR EXTRICATION

DRIVER POSTURE: Any Comments Recorded (1) Yes, (2) No 1-

Describe driver's posture and position on seat including specific comments on head, torso, buttocks, legs and feet. Also note hand and arm position. Did driver brace before crash? Describe:

DRIVER SUFFERED FRACTURES OF 75% OF HIS HEAD

DRIVER FOREIGN OBJECTS: Comments Recorded (1) Yes, (2) No 2

Was driver wearing contact lenses or eyeglasses? Or holding any foreign object at the time of the impact (packages on lap, pipe, food, bottle, cigarette, etc.)? Did any lenses, objects, or jewelry play any role?

DRIVER COMMENTS: Comments Recorded (1) Yes, (2) No 2

Was the driver aware that the vehicle was equipped with a supplemental restraint system? Did driver offer any comments on smoke, noise, etc.? Did the driver comment on the airbag as a restraint system? Describe:

PASSENGER-AIRBAG CONTACT (1) Yes, (2) No, (9) Unknown 1

Describe: BLOOD ON BAG

Appendix D
Newspaper Article

Dr. ██████████ noted pastor, dies in crash

Colorado wreck claims 2 others

The Rev. ██████████ — the pastor for 21 years at ██████████ — who later became pastor to President ██████████ died ██████████ in a head-on car crash near ██████████ Colo.

██████████, 73, pastor of a ██████████ church, and his wife, ██████████ were on their way to ██████████ to visit a friend after attending a meeting of the ██████████

The Colorado State Patrol reported ██████████ was killed ██████████ afternoon when a car driven by ██████████, 51, of ██████████ drifted across the center line of Highway 17 about three miles east of ██████████ and hit the ██████████ vehicle head-on. ██████████ and her husband, ██████████, 57, were also killed. The ██████████ car was driven by his wife, ██████████, 52, who was aided by a driver's side air bag. Both

were wearing seat belts. ██████████ was listed in stable condition with a broken heel at ██████████ Medical Center in ██████████ afternoon. After the ██████████ car struck the ██████████ it spun 180 degrees and hit another car, according to ██████████ trooper ██████████ but the occupant of that car was not injured.

"There's no way to prove it, but it is my opinion at this point that she ██████████ went to sleep at the wheel," ██████████ said.

He said both cars were going about 55 mph, the pavement was dry and the sun was shining at the time of the accident.

The ██████████ were going to ██████████ to visit ██████████, retired executive secretary of the ██████████ Commission, and a longtime friend of ██████████. ██████████ served two terms as chairman of the commission. ██████████ was pastor of ██████████ in ██████████ when ██████████ and his family joined it in 1977.

Please see PASTOR, page A5

BEST AVAILABLE COPY

Pastor

Continued from page A1

[REDACTED] was pastor of [REDACTED] for 21 years and dean of the School of [REDACTED] at the [REDACTED] for 12 years before he moved to [REDACTED] [REDACTED]. He also was the author of at least four books.

"He was loved and revered by the congregation and the community at large," said [REDACTED] associate pastor at [REDACTED] Baptist in [REDACTED] who was a staff member of the church during [REDACTED] tenure. [REDACTED] returned to [REDACTED] about 10 years ago and became pastor of the non-denominational [REDACTED] of the [REDACTED]

[REDACTED] He also was a two-term member of the executive committee of the [REDACTED]

[REDACTED] He was an outspoken proponent of civil rights and was appointed by [REDACTED] to a committee investigating racial turmoil in [REDACTED] in the early 1960s. [REDACTED] was born in [REDACTED] but his parents moved to [REDACTED] in [REDACTED] and he graduated from [REDACTED] [REDACTED]. He attended [REDACTED] [REDACTED] and was a graduate of [REDACTED] College in [REDACTED]. He held a doctorate of theology from [REDACTED]

66 He was loved and revered by the congregation and the community at large. 99

[REDACTED] a professor of religion at [REDACTED] and professor of systematic theology at [REDACTED]

[REDACTED] He was associate professor of theology at [REDACTED] and rector of that department when he moved to [REDACTED]

[REDACTED] In addition to his wife [REDACTED] leaves his wife [REDACTED] two sons by that marriage [REDACTED] a [REDACTED] [REDACTED] an associate professor of medicine at [REDACTED] and children [REDACTED] at [REDACTED] [REDACTED] also is survived by his second wife, [REDACTED]

[REDACTED] Funeral arrangements are complete.

[REDACTED] [REDACTED] and a doctorate in moral philosophy from the [REDACTED]

[REDACTED] He served as a pastor in [REDACTED]

Appendix E
CRASH 3 Output

SUMMARY OF CRASHPC RESULTS USING DAMAGE

BEST AVAILABLE COPY

NCSI AIRBAG CASE 92-04

SPEED CHANGE
(DAMAGE)

VEHICLE #1

TOTAL 66 KPH (41 MPH)
 LONGITUDINAL -66 KPH (-41 MPH)
 LATITUDINAL -6 KPH (-4 MPH)
 PDOF ANGLE 5 DEGREES
 ENERGY DISSIPATED = 229949 JOULES (169579 FT-LB)

VEHICLE #2

TOTAL 70 KPH (43 MPH)
 LONGITUDINAL -70 KPH (-43 MPH)
 LATITUDINAL 6 KPH (4 MPH)
 PDOF ANGLE -5 DEGREES
 ENERGY DISSIPATED = 229949 JOULES (169579 FT-LB)

DAMAGE DATA

VEHICLE #1

SIZE CATEGORY	3	3
STIFFNESS CATEGORY	9	9
VEHICLE WEIGHT	1260 KGS (2777 LBS)	1197 KGS (2638 LBS)
CDC	12FDEW6	12FDEW6
PDOF ANGLE	5 DEGREES	-5 DEGREES
CRUSH LENGTH	132 CM. (52 IN.)	132 CM. (52 IN.)
C1	36 CM. (14 IN.)	36 CM. (14 IN.)
C2	53 CM. (21 IN.)	53 CM. (21 IN.)
C3	76 CM. (30 IN.)	76 CM. (30 IN.)
C4	94 CM. (37 IN.)	94 CM. (37 IN.)
C5	112 CM. (44 IN.)	112 CM. (44 IN.)
C6	152 CM. (60 IN.)	152 CM. (60 IN.)
D	13 CM. (5 IN.)	13 CM. (5 IN.)
D'	26 CM. (10 IN.)	26 CM. (10 IN.)

VEHICLE #2

(* INDICATES DEFAULT VALUE)

DIMENSIONS AND INERTIAL PROPERTIES

	VEHICLE #1	VEHICLE #2
CG TO FRONT AXLE	130 CM. (51 IN.)	130 CM. (51 IN.)
CG TO REAR AXLE	141 CM. (56 IN.)	141 CM. (56 IN.)
TRACK	150 CM. (59 IN.)	150 CM. (59 IN.)
CG TO FRONT OF VEH	228 CM. (90 IN.)	228 CM. (90 IN.)
CG TO REAR OF VEH	-270 CM. (-106 IN.)	-270 CM. (-106 IN.)
CG TO SIDE OF VEH	92 CM. (36 IN.)	92 CM. (36 IN.)
MOMENT OF INERTIA	10887 KGS (24001 LBS)	10342 KGS (22800 LBS)
VEHICLE MASS	3 KGS (7 LBS)	3 KGS (7 LBS)

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